

Definition of History taking :

It's the information given by the patient and/or people accompanying him, medical papers or the referring practitioner detailing the patient's current and past status.



Good history taking is an important step in making a diagnosis.

Medical interviews are of two basic types:

1- problem-oriented : which concerns the patients chief complaint.

2- Health promotion interview : which concerns the patients current and past health problems, assessing current health risk factors like smoking , diet , alcohol consumption ,and heritable diseases in the family



History gives the doctor an opportunity to educate the patients about the symptoms they have and even about the other symptoms which they don't have. This is called opportunistic health promotion



To take history you should first introduce yourself to the patient ,and check the patient is comfortable. Sit beside the patient at the same level. At first , let the patient tell his\her story in his\her own words, without interference. Be a good listener to the patient ,and conversational rather than interrogative in tone.



It's important to show that you are interested in what the patient is saying, " nodding " , saying yes or echoing what is said. And you really should be really interested in what the patient is talking about.



Avoid sudden shifts of topic as avoidance of certain issues may point to concerns that are not expressed directly. The physician's communication ability and behaviour during the interview are very important. You should be able to analyze the patient's words, accepting the significant and rejecting the insignificant.



Leading questions are best avoided. For instance, a patient present with episodic chest pain. If we use leading questions then we ask the patient "Is it worse when you are walking ?" The patient is not sure of the answer, not having thought about the influence of exercise on his pain ,but answers "Yes" because he remembers a day when he was walking and the pain was bad.

A cold day



It's much better to ask open Questions such as :

Have you noticed anything that makes the chest pain worse ?



Seek consent. If the patient declines, thank him\her and leave. You may report this to your senior doctor.

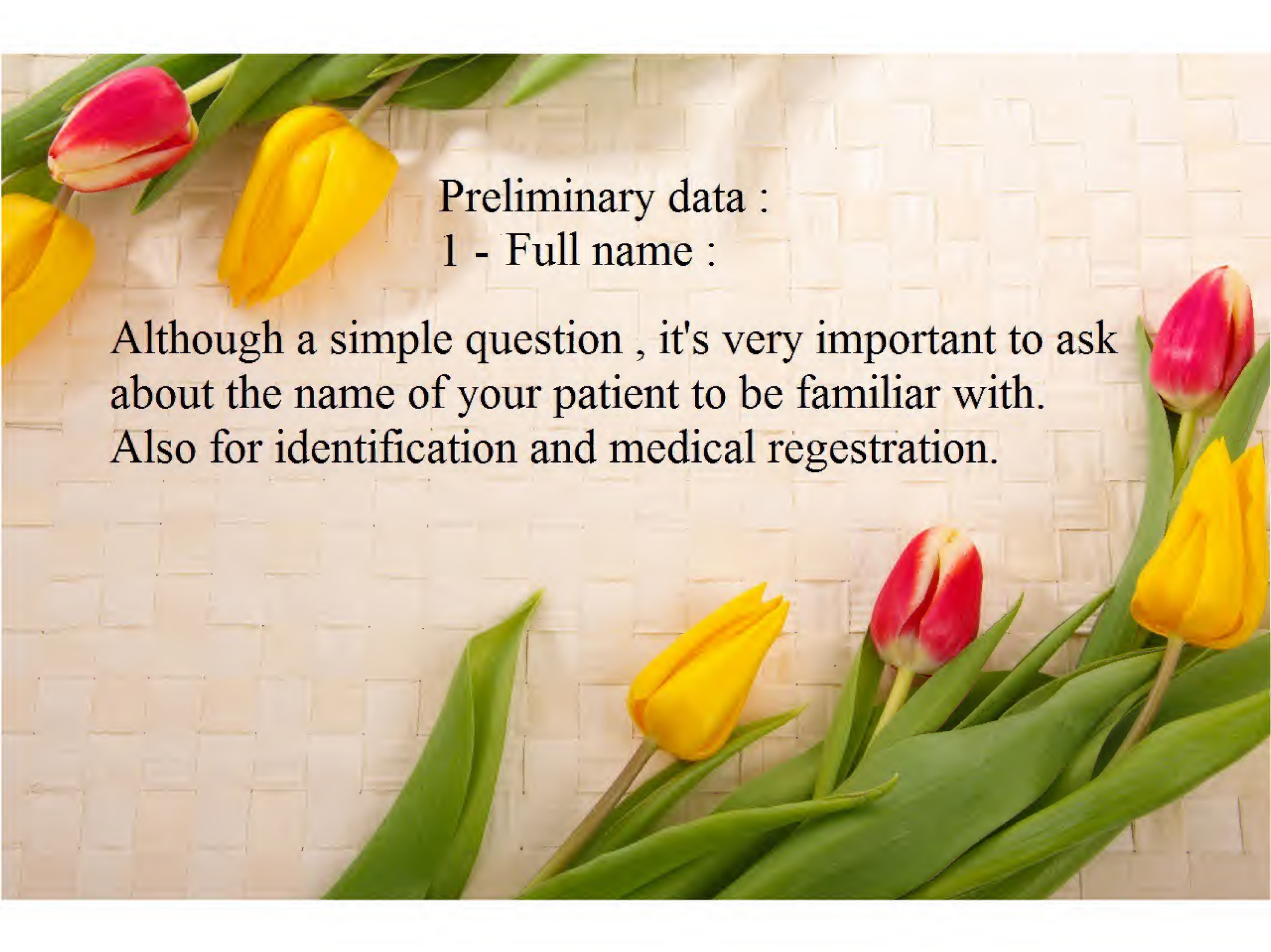


Before starting taking history , introduce yourself and gain consent.

Do you feel well enough to talk now ?

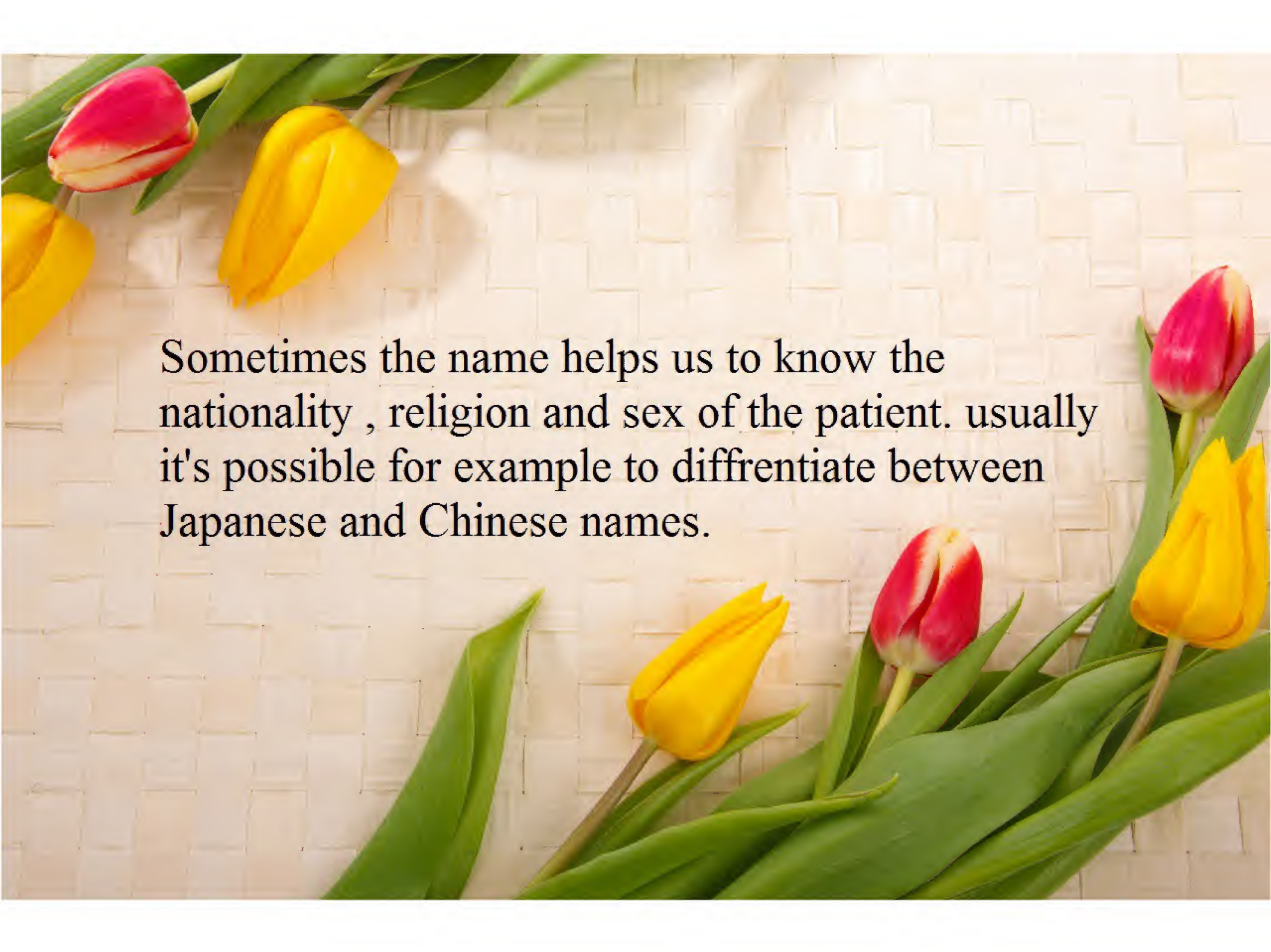
Check if there is anyone present makes the patient uncomfortable.



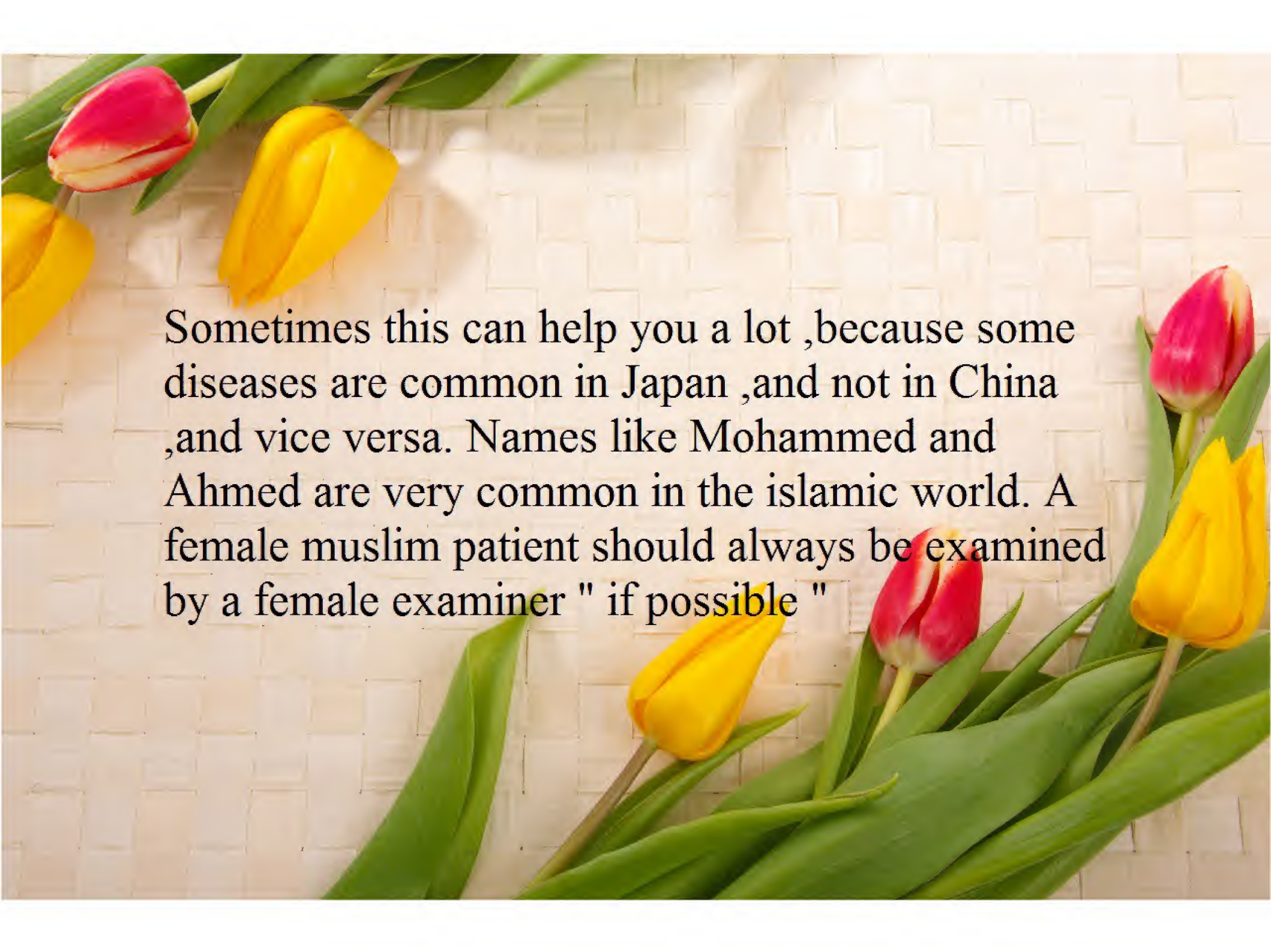
The image features several tulips in shades of yellow and pink, scattered across a light-colored, textured background that resembles a woven basket or a similar material. The tulips are in various stages of bloom, with some fully open and others as buds. Their green leaves are also visible, adding to the decorative arrangement.

Preliminary data :
1 - Full name :

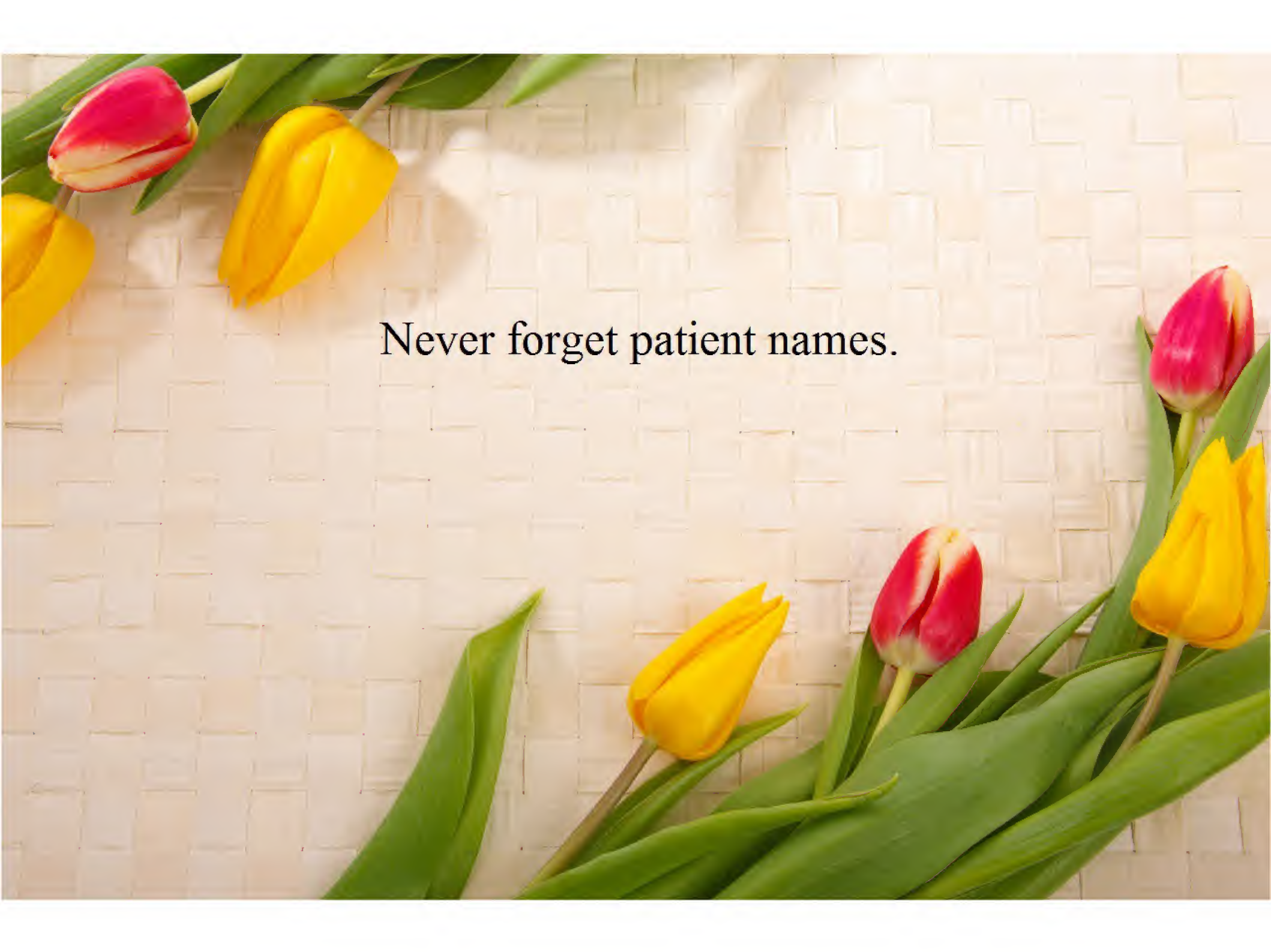
Although a simple question , it's very important to ask about the name of your patient to be familiar with. Also for identification and medical registration.

The image features a collection of tulips in various colors, including yellow, pink, and red, scattered across a light-colored, woven-texture background. The tulips are positioned around the central text, with some in the top left, some in the bottom right, and others interspersed. The background has a distinct square or rectangular woven pattern.

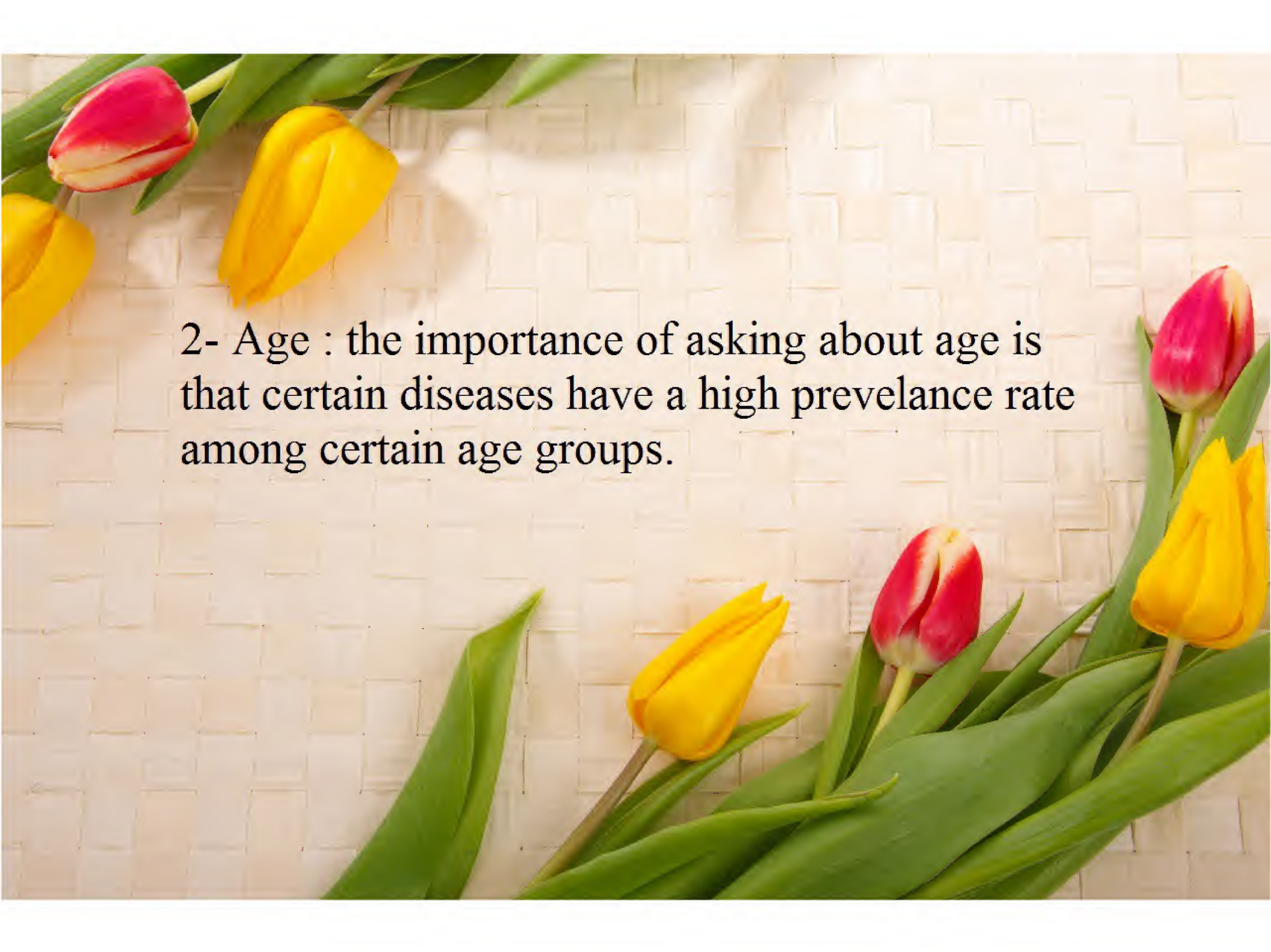
Sometimes the name helps us to know the nationality , religion and sex of the patient. usually it's possible for example to differentiate between Japanese and Chinese names.



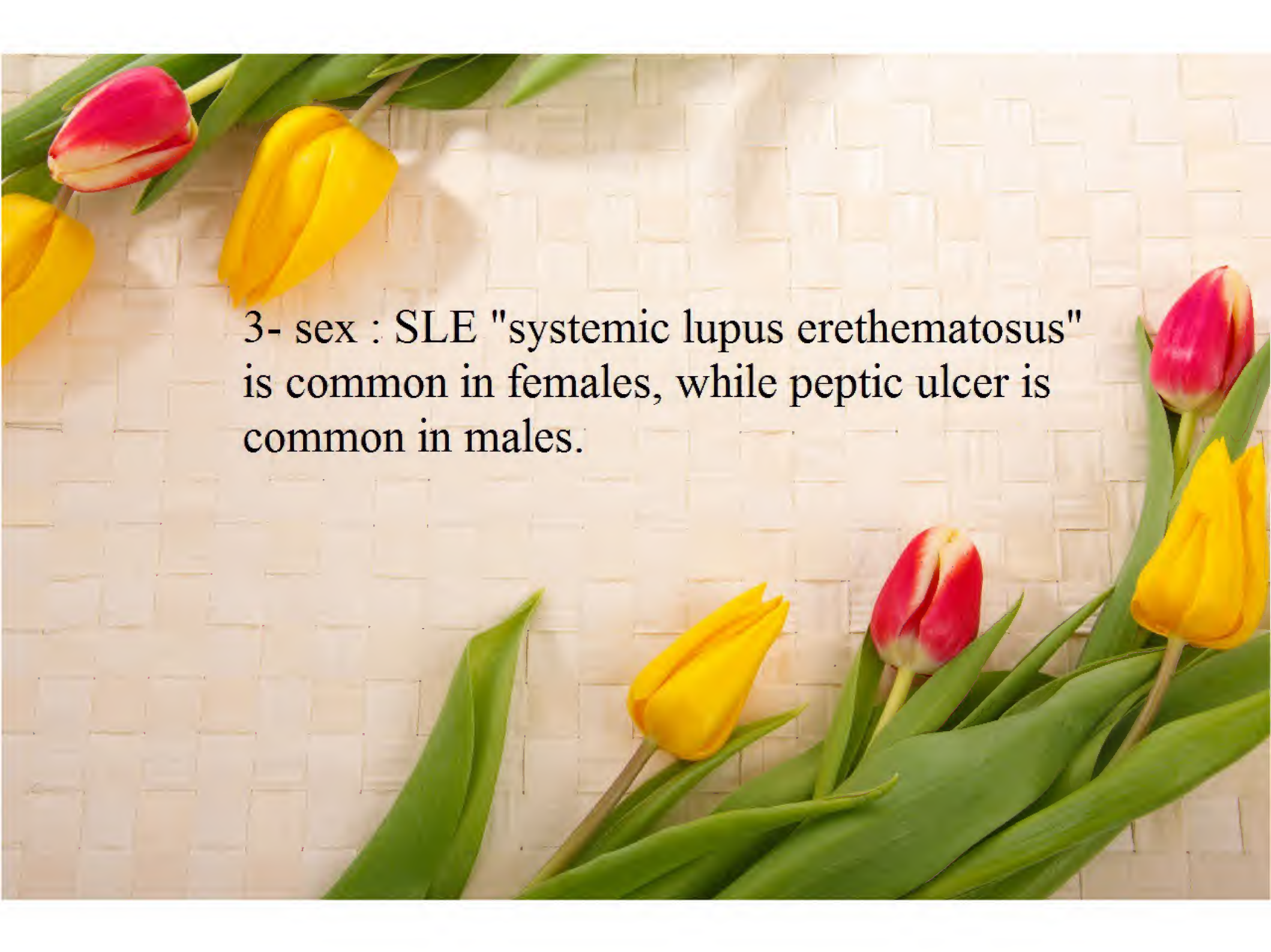
Sometimes this can help you a lot ,because some diseases are common in Japan ,and not in China ,and vice versa. Names like Mohammed and Ahmed are very common in the islamic world. A female muslim patient should always be examined by a female examiner " if possible "

A top-down view of several tulips in shades of yellow and red with white variegation, scattered on a light-colored, woven fabric background. The tulips are positioned around the central text, with some in the top-left and bottom-right corners, and others more centrally located. Their green leaves are also visible, extending across the frame.


Never forget patient names.

The image features a light-colored, woven-texture background. Several tulips are scattered around the edges: a red and white tulip in the top left, a yellow tulip in the top left, a red and white tulip in the top right, a yellow tulip in the bottom right, a red and white tulip in the bottom right, and a yellow tulip in the bottom left. The text is centered in the middle of the image.

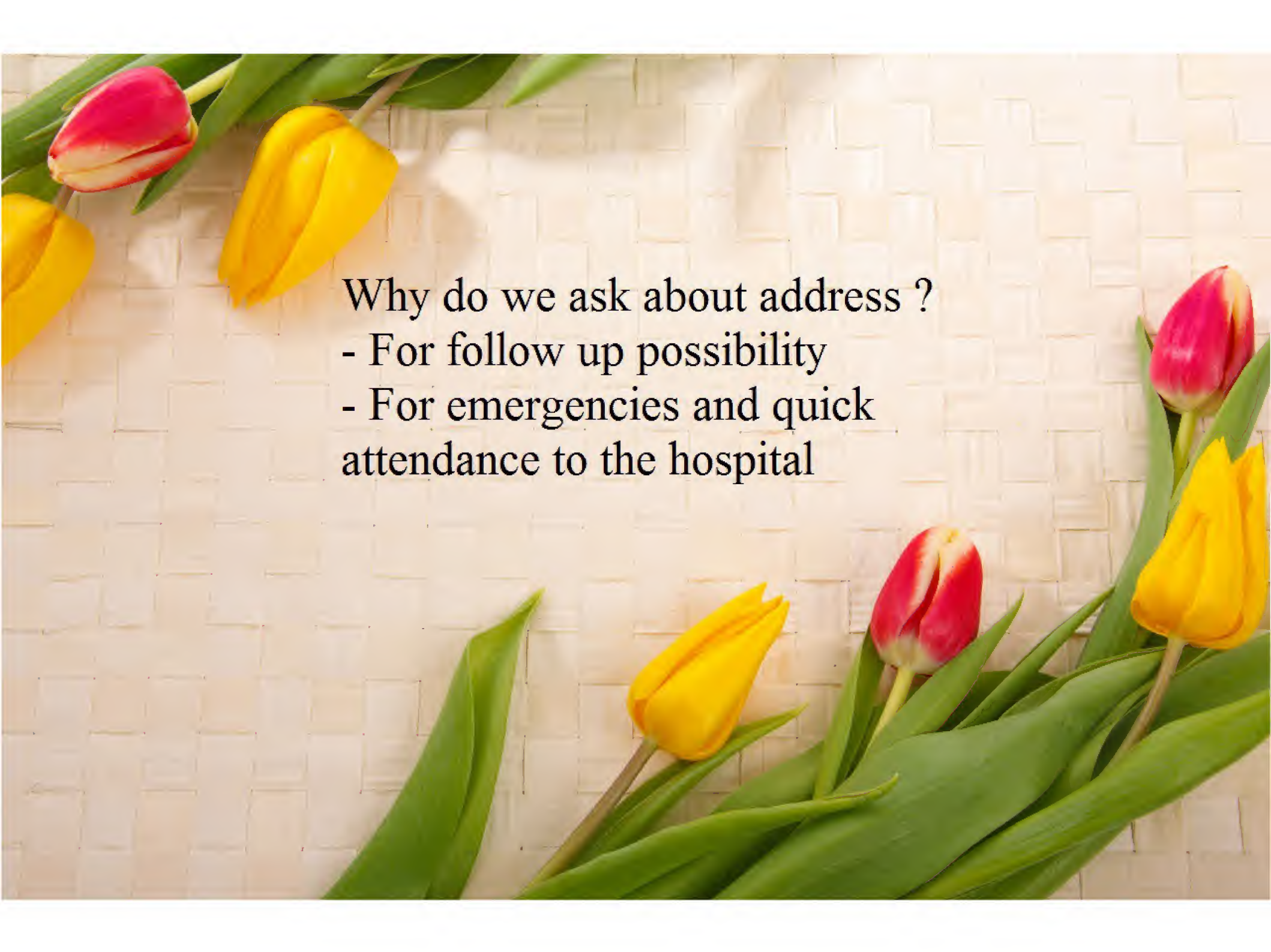
2- Age : the importance of asking about age is that certain diseases have a high prevalence rate among certain age groups.

The image features a light-colored, woven-texture background. Several tulips are scattered across the frame: two in the top-left corner (one yellow, one pink), one in the top-right corner (pink), one in the bottom-left corner (yellow), and two in the bottom-right corner (one yellow, one pink). The tulips have green leaves and are in various stages of bloom.

3- sex : SLE "systemic lupus erethematosus"
is common in females, while peptic ulcer is
common in males.

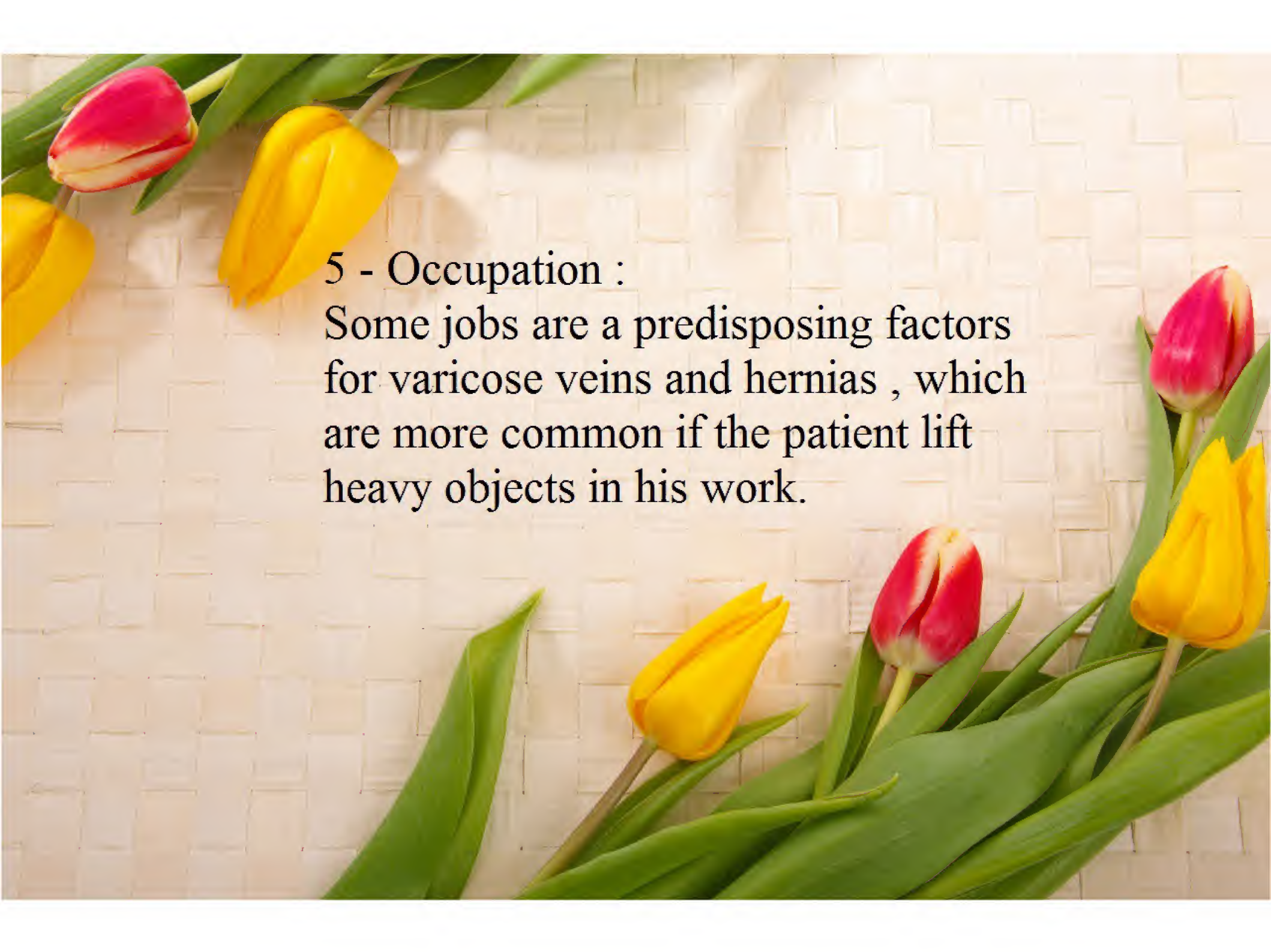
The image features a light-colored, woven-texture background. Several tulips are scattered around the central text: a yellow tulip in the top left, a red and white tulip in the top left, a yellow tulip in the bottom left, a red and white tulip in the bottom center, a red and white tulip in the bottom right, and a yellow tulip in the bottom right. The tulips have green leaves and stems.

4 - Address : Residence , There are endemic diseases in many places around the world like Bilharziasis in Egypt and Leprosy in some parts of India.

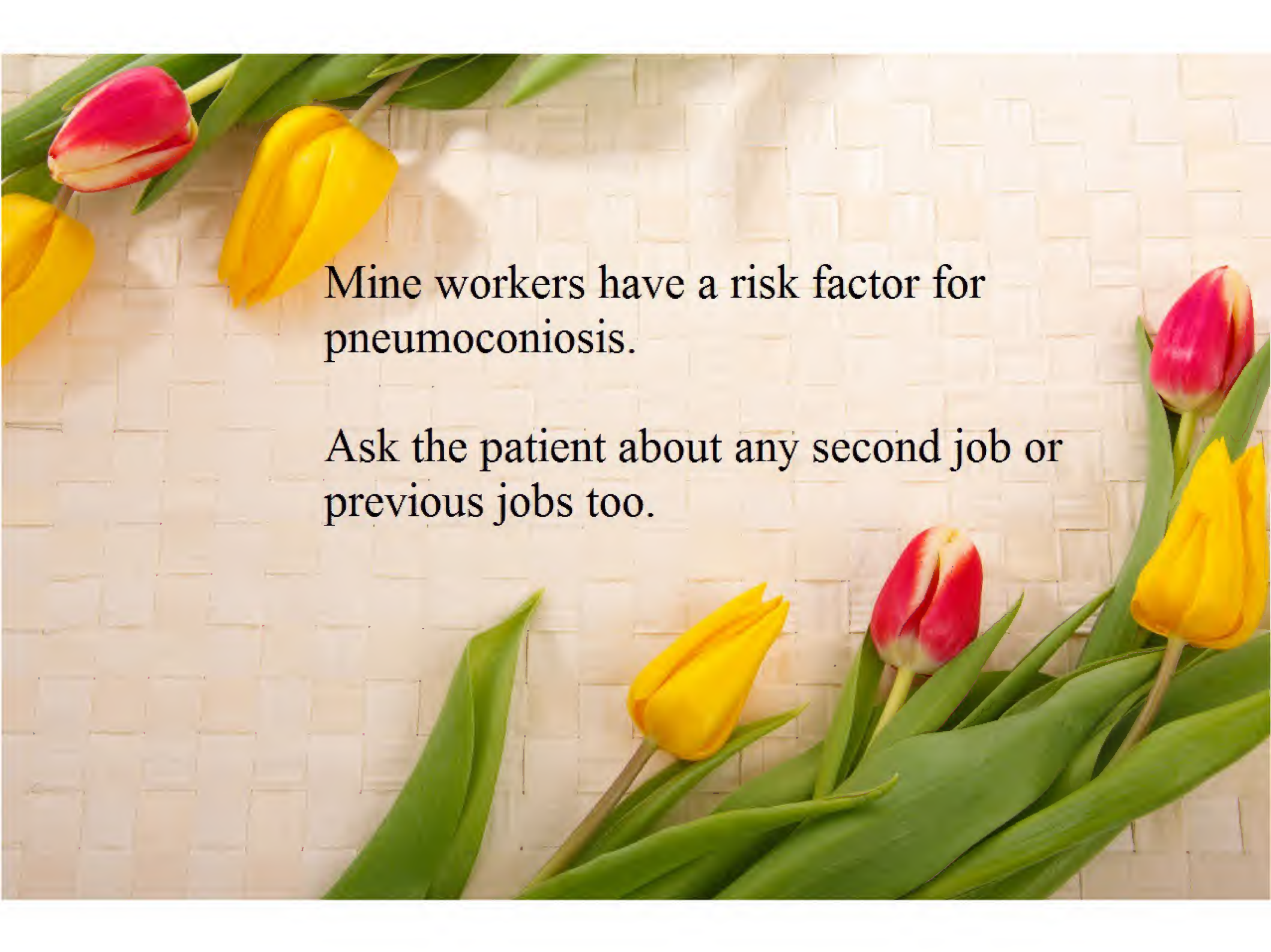
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Why do we ask about address ?

- For follow up possibility
- For emergencies and quick attendance to the hospital


The image features a light-colored, woven-texture background. Several tulips are scattered around the text: a yellow one in the top left, a red and white one in the top left, a yellow one in the bottom center, a red and white one in the bottom center, and a yellow one in the bottom right. The text is centered in the middle of the image.

5 - Occupation :
Some jobs are a predisposing factors
for varicose veins and hernias , which
are more common if the patient lift
heavy objects in his work.

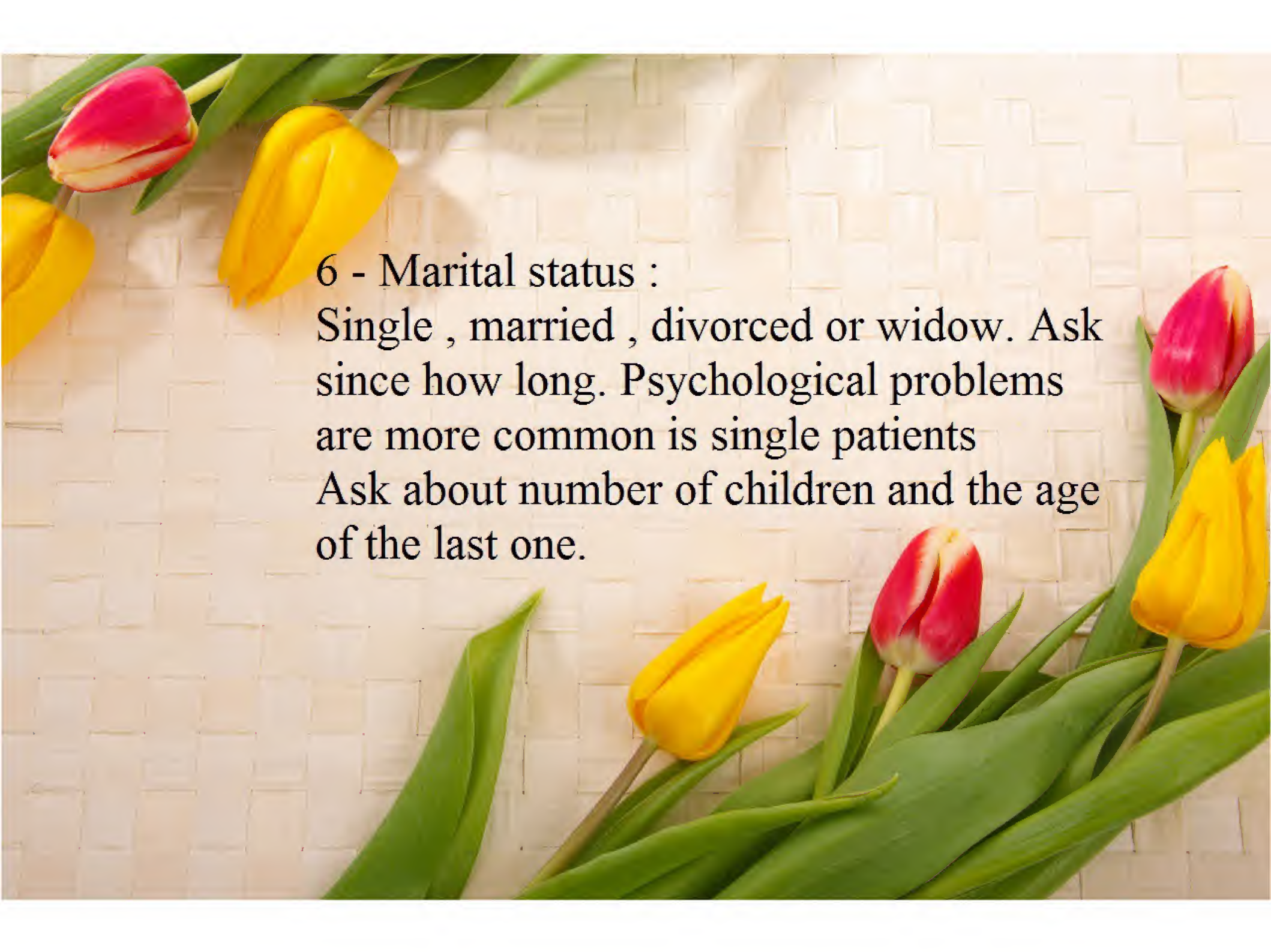
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Mine workers have a risk factor for
pneumoconiosis.

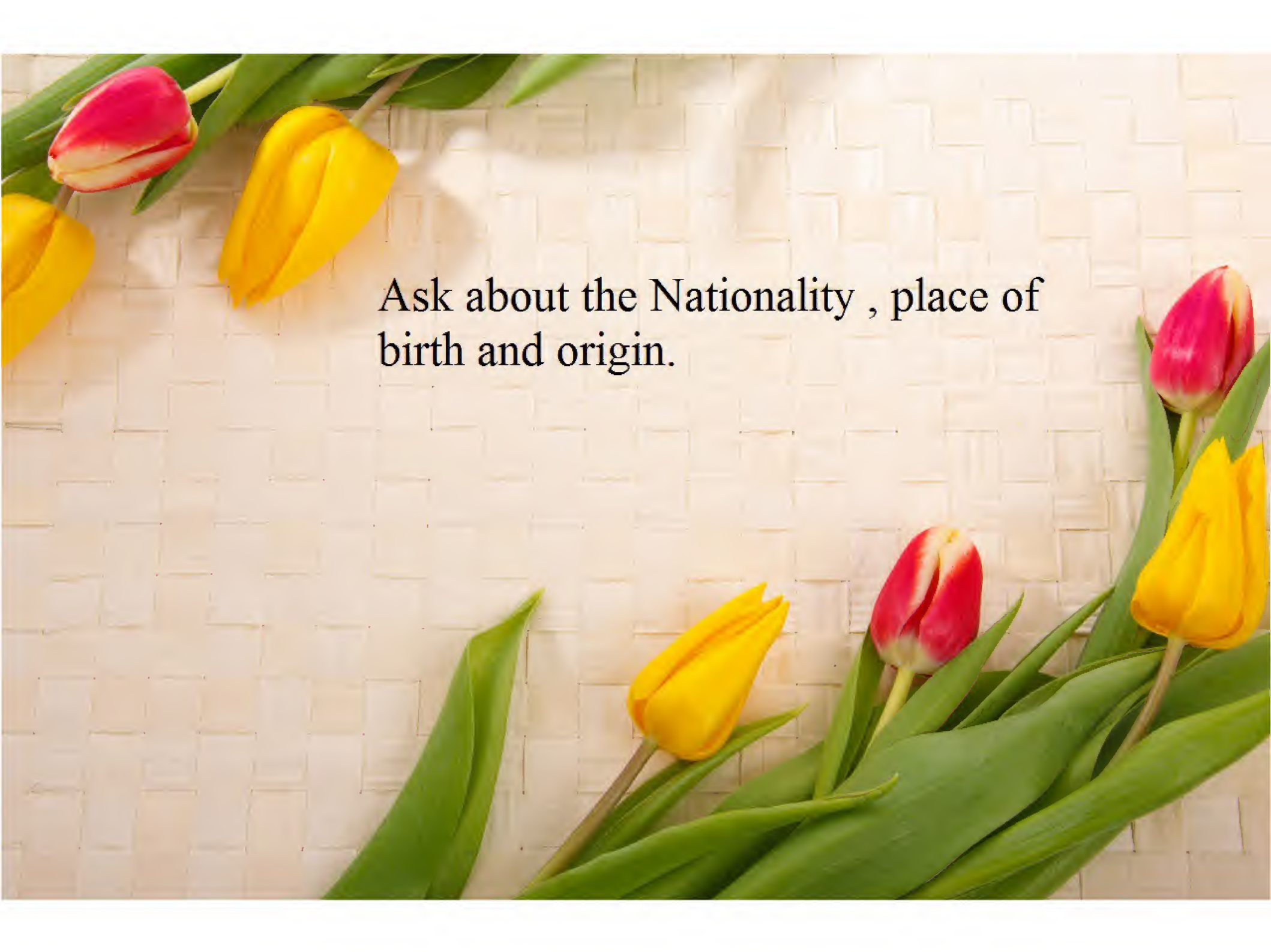
Ask the patient about any second job or
previous jobs too.

A top-down view of several tulips in yellow and red-and-white variegated colors, scattered on a light-colored, woven, basket-weave textured surface. The tulips are in various stages of bloom, with some showing their green leaves. The text is centered in the middle of the image.


What job have you done the longest ?

The image features a collection of tulips in shades of yellow and pink, scattered across a light-colored, woven-texture background. The tulips are in various stages of bloom, with some showing vibrant yellow petals and others displaying a mix of yellow and pink. The green leaves of the tulips are also visible, adding to the natural feel of the composition. The text is centered in the upper half of the image, overlaid on the woven background.

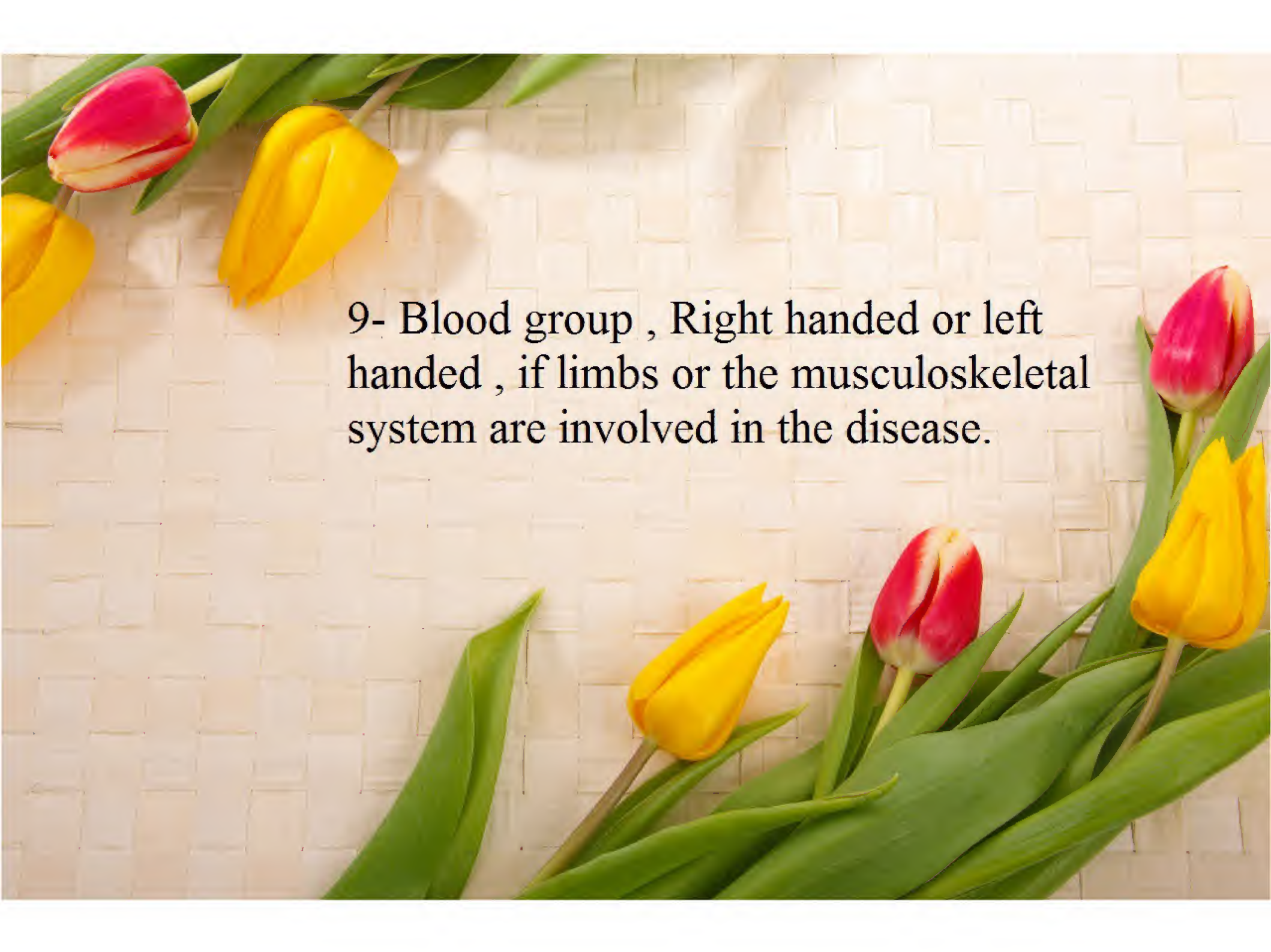
6 - Marital status :
Single , married , divorced or widow. Ask
since how long. Psychological problems
are more common in single patients
Ask about number of children and the age
of the last one.

A decorative background featuring several tulips in yellow and red colors, scattered across a light-colored, woven fabric surface. The tulips are in various stages of bloom, with some showing vibrant yellow petals and others displaying red and white variegated patterns. The green leaves of the tulips are also visible, adding to the natural aesthetic of the scene.

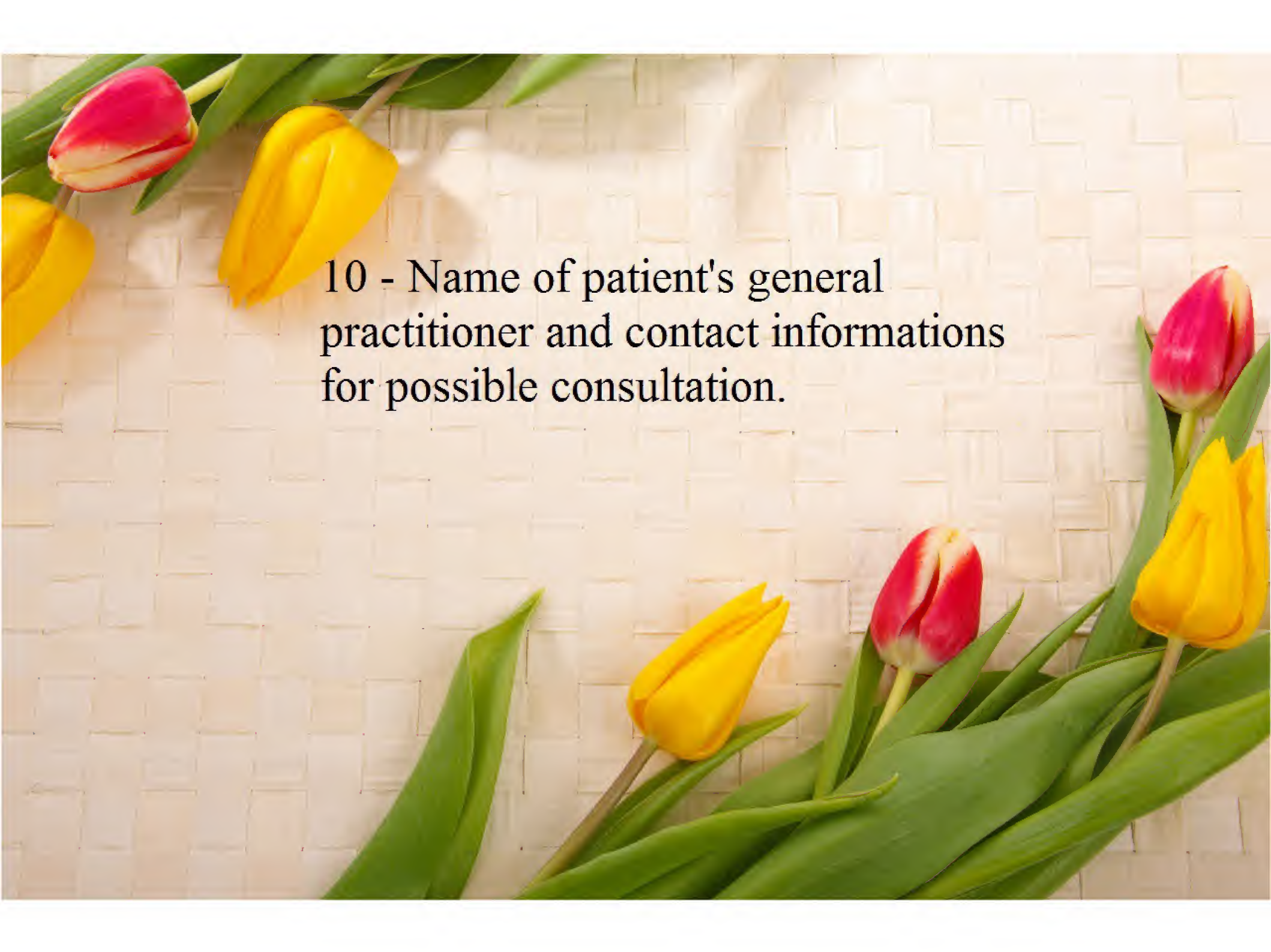
Ask about the Nationality , place of
birth and origin.

The image features a light-colored, woven fabric background with a grid-like pattern. Several tulips are scattered across the frame. In the top left, there are two tulips: one is red with a white base, and the other is yellow. In the bottom right, there are three tulips: one red with a white base, one yellow, and another red with a white base. The tulips have long, green, lanceolate leaves. The text is centered in the middle of the image.

8 - Date of admission and time of admission " for example : 9 p.m. "

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9- Blood group , Right handed or left handed , if limbs or the musculoskeletal system are involved in the disease.

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10 - Name of patient's general practitioner and contact informations for possible consultation.



Now , to tell the personal Data in one paragraph, Do not say : Name Age sex location
This is completely wrong. You should tell it like a story in harmonious flow.



For example : Mr. John Adams a 29 years old male British patient from london. He is a teacher and married since 5 years ,and father of two children , the youngest is 2 years old. His blood group is O positive. He is not a smoker. Admitted to hospital on the 3rd of June at 7 P.M. complaining of a recurrent abdominal pain. "or happening for the first time"



Chief complaint definition :

It's the problem that has prompted the patient to request the consultation.



The way of asking about the chief complaint :
First , try to encourage the patient to talk by asking him\her open-ended questions because this gives the patient the opportunity to talk about any or all problems.



Closed direct questions like yes/no questions communicate that the patient should remain silent until asked a specific question.



Open ended questions ask for narrative informations.
Closed questions ask for specific informations



Let the patient talk without interruption. A study by Beckman and Frankel showed that physicians eager to arrive at a clinical diagnosis would interrupt a patient within 18 seconds of the patient beginning to speak. They found that patients rarely continued to express their true concerns once they were interrupted.



Chief complaint or Present complaint :
What is wrong with you ? What brought you to
see the doctor ?
The most disturbing complaint if the patient has
many complaints.



Mention the complaint in the patient's own words

" No medical terms "

So don't say dyspnea , rather say breathlessness.

Vomiting up blood , not heamatemesis.



If there are more than one symptom , mention them in choronological order with duration.
For example : abdominal pain since 7 days ,
vomiting since 4 days , fever since 2 days.



If the patient has multiple complaints , mention the last time the patient was in his\her last usual state of health

Analysis of chief complaint : Also "presenting complaint".
It's a discription of the development of the illness.

In analysis of chief complaint, you should use medical terms. (but of course not when talking with the patient)



1 - Mode of onset :

Sudden "abrupt"

Acute

Subacute

Gradual

2 - Duration and frequency



3 - Site :

Mention the site exactly

Localized or diffuse

If diffuse, where is the maximum site ?

Where did it start?



4 - Aggravating factors and relieving factors.

What makes symptoms worse ?

What makes them better ?

Let the patient talk about his aggravating factors.



5 - Course of symptoms :

Progressive
constant
stationary

retrogressive
periodic
fluctuating

Diurnal variations : like fever in Tuberculosis
which has a specific time to peak , mainly at night.

Seasonal variations : Many respiratory conditions



6- Severity \ amount :

mild, moderate, sever

if pain, let the patient describe the
severity using a scale from 1 to 10

Do not describe the scale ,and do not give
examples. Just let the patient give you a number



7 - Character :

character of pain, sputum, vomiting and discharge are discussed later .



8 - Radiation

It's the extension of pain to another site, whilst the initial pain persists. e.g. the radiation of epigastric pain to the back in some patients with pancreatitis.

This must be differentiated from "referred pain"

Example of a referred pain is the pain in umbilicus from appendix.



9 - Associated symptoms :
like the following 5 constitutional symptoms :

A - Fever \ pyrexia :

ask about grade

low if < 38.5

high if $=$ or > 38.5



ask about character of fever :

Is it continuous = the same level through out the day.

remittant = fluctuant ,but not reaching the base line

intermittent = fluctuant and reaching the base line

or relapsing = with long intervals of fever free periods



B- weight changes :

Significant weight loss is $> 10\%$ within 6 months.

Sever weight loss is called cachexia.

Does the patient measure his\her weight ?

Does the patient follow a specific diet to lose weight ?

Did the clothes become wider ?



C - Appetite :

anorexia is loss of desire to eat.

Anorexia should be differentiated from fear of eating which can happen in gastritis or gastric peptic ulcer.



D - sweating
E- fatigability

e.g. Vomiting can be associated with weight loss.



10 - Effects and impaction of symptoms on patients life :

Sleep : Does the symptoms wake the patient up from sleep ?

Daily activity : Does the patient need an assistant ?

Job or study : How many days the patient is off job\school ?



11 - Analysis and investigations done so far , and their results.

12 - Response to treatment , if any.

13 - Sitting :

Where were you when you first felt ill ?

What were you doing ?

Who was with you ?



Mnemonics :

Soda scars care \ Socrates

Site - onset - duration - aggravating factors and relieving factors - severity - character - associated symptoms - radiation - sitting - course - analysis and investigations - response to treatment - effects and impact.



You can include any important past medical, surgical, personal, social history data which are strongly related to the chief complaint in the analysis of chief complaint. For example : family history in a patient with a hereditary disease. Personal history of chronic heavy smoking in a patient presented with heamoptysis. Past surgical history of spleenectomy in a patient presented with sepsis.



Sumarizing the history of present illness "analysis of chief complaint" in front of the patient is very important. The summery gives the patient a chance to correct any mistakes in the history or any misunderstanding.



Now, let's take a quick example of the analysis of chief complaint. The patient was completely well 2 weeks back when he\she suddenly started complaining of sever breathlessness along with cough. The breathlessness is aggrevated by dust and cold weather with no obvious relieving factors. The cough is productive with green sputum and occurs approximatly every 1 hour. Otherwise his breathing is normal. This is the first occurance of the symptoms ,and he denies history of Asthma.

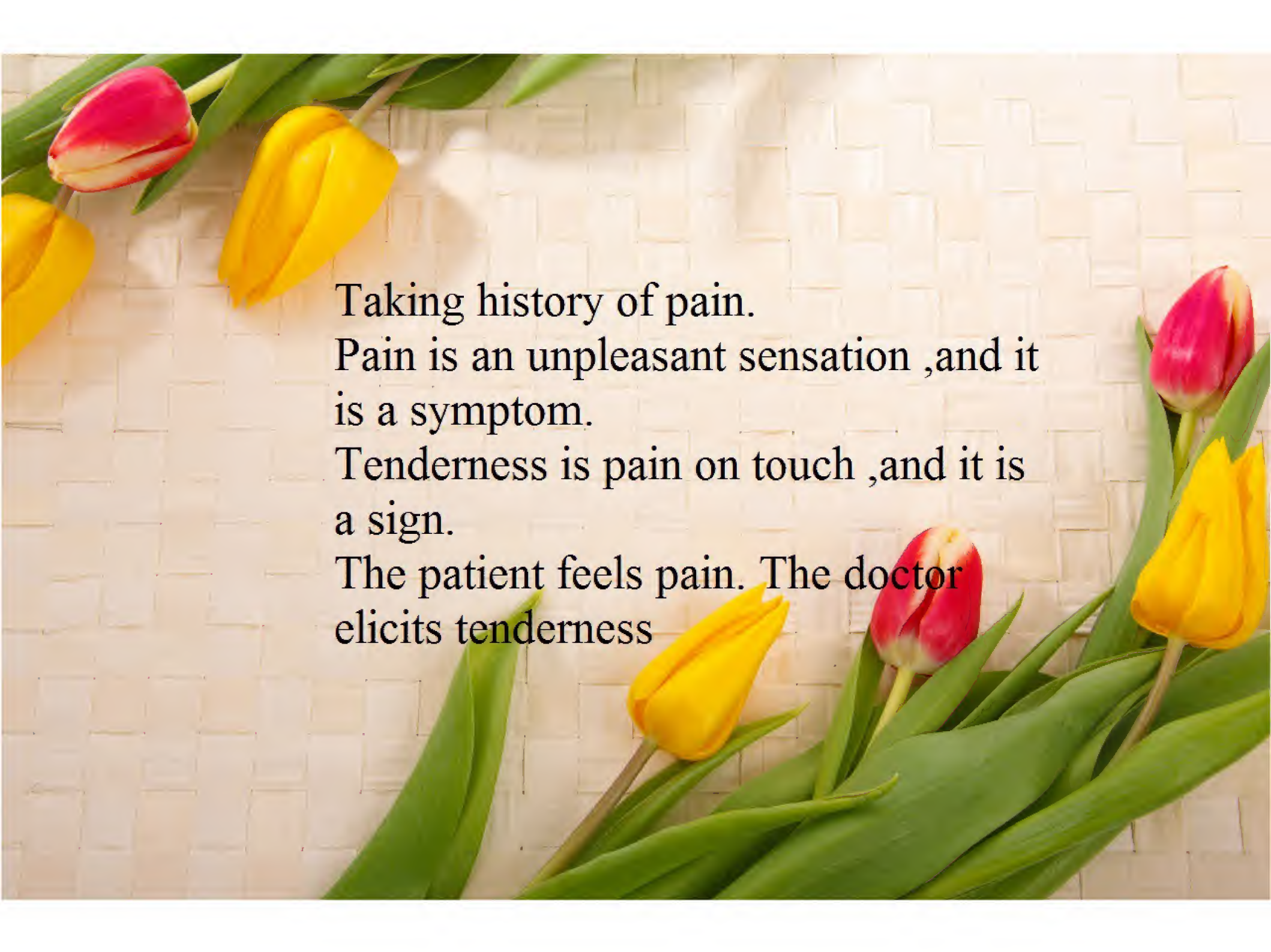


Always relay story in days before admission.

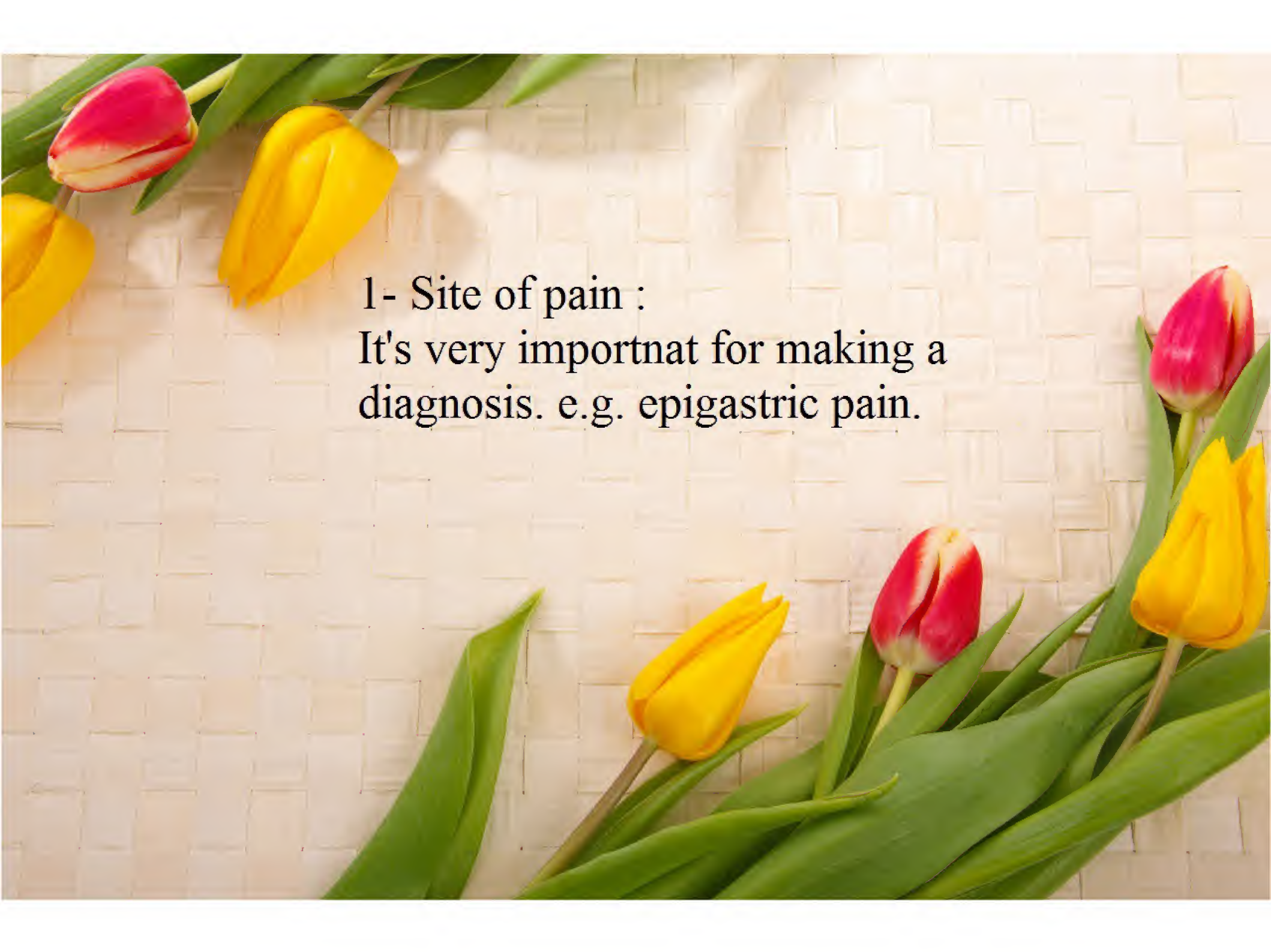
For example :

One week before admission, the patient




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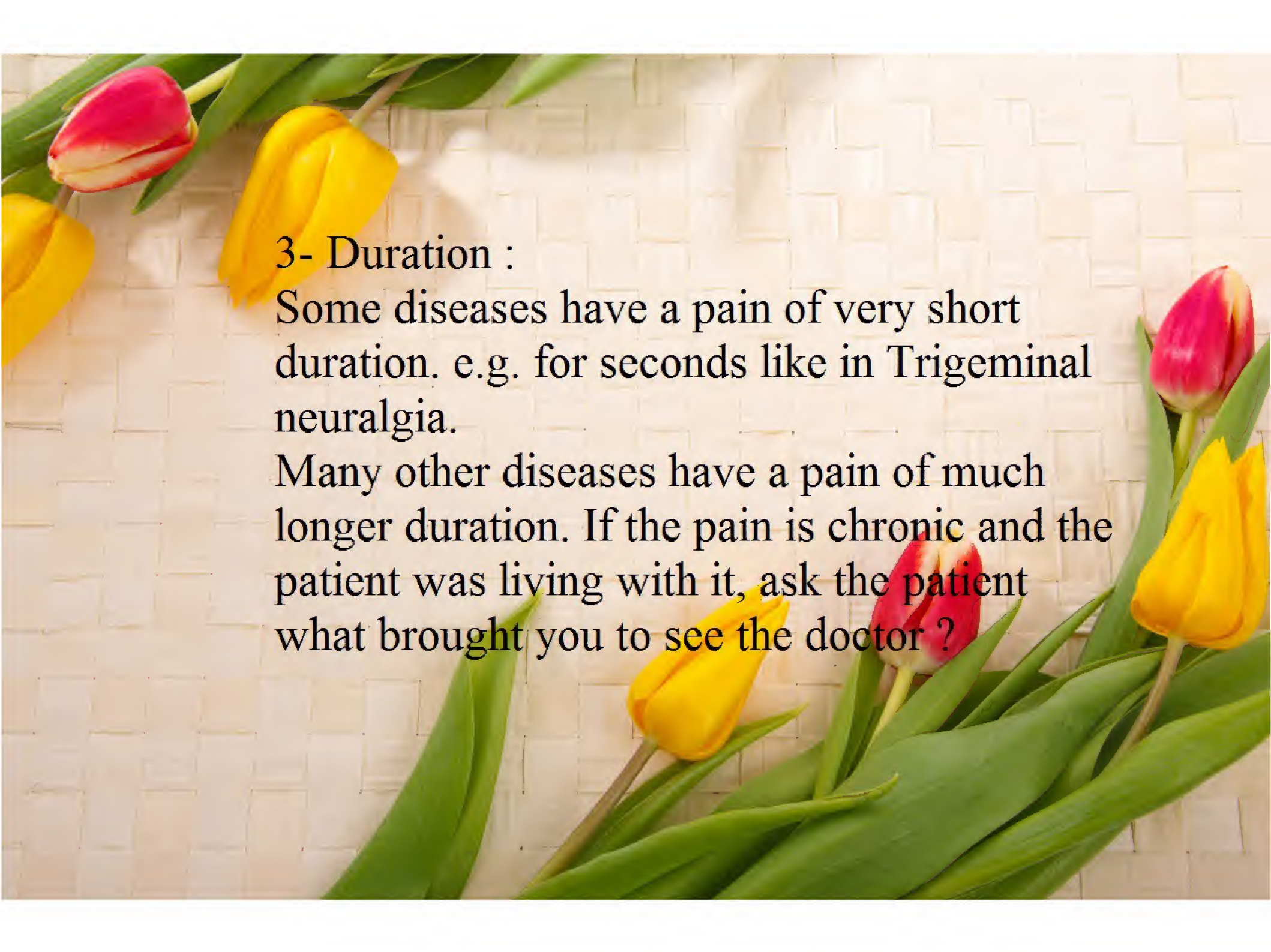
Taking history of pain.
Pain is an unpleasant sensation ,and it
is a symptom.
Tenderness is pain on touch ,and it is
a sign.
The patient feels pain. The doctor
elicits tenderness

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1- Site of pain :
It's very important for making a
diagnosis. e.g. epigastric pain.

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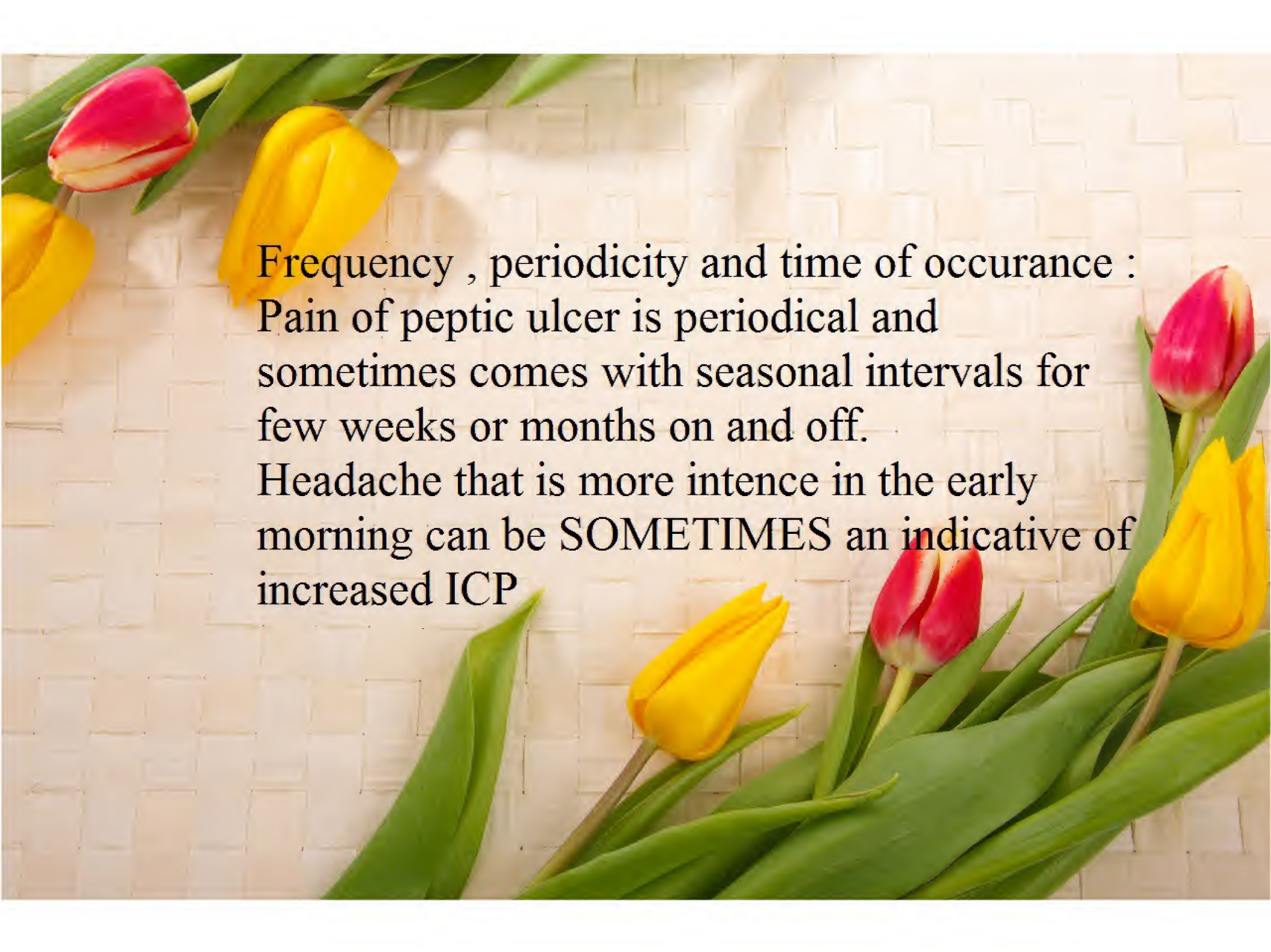
2- Onset :
Sudden, gradual ... etc

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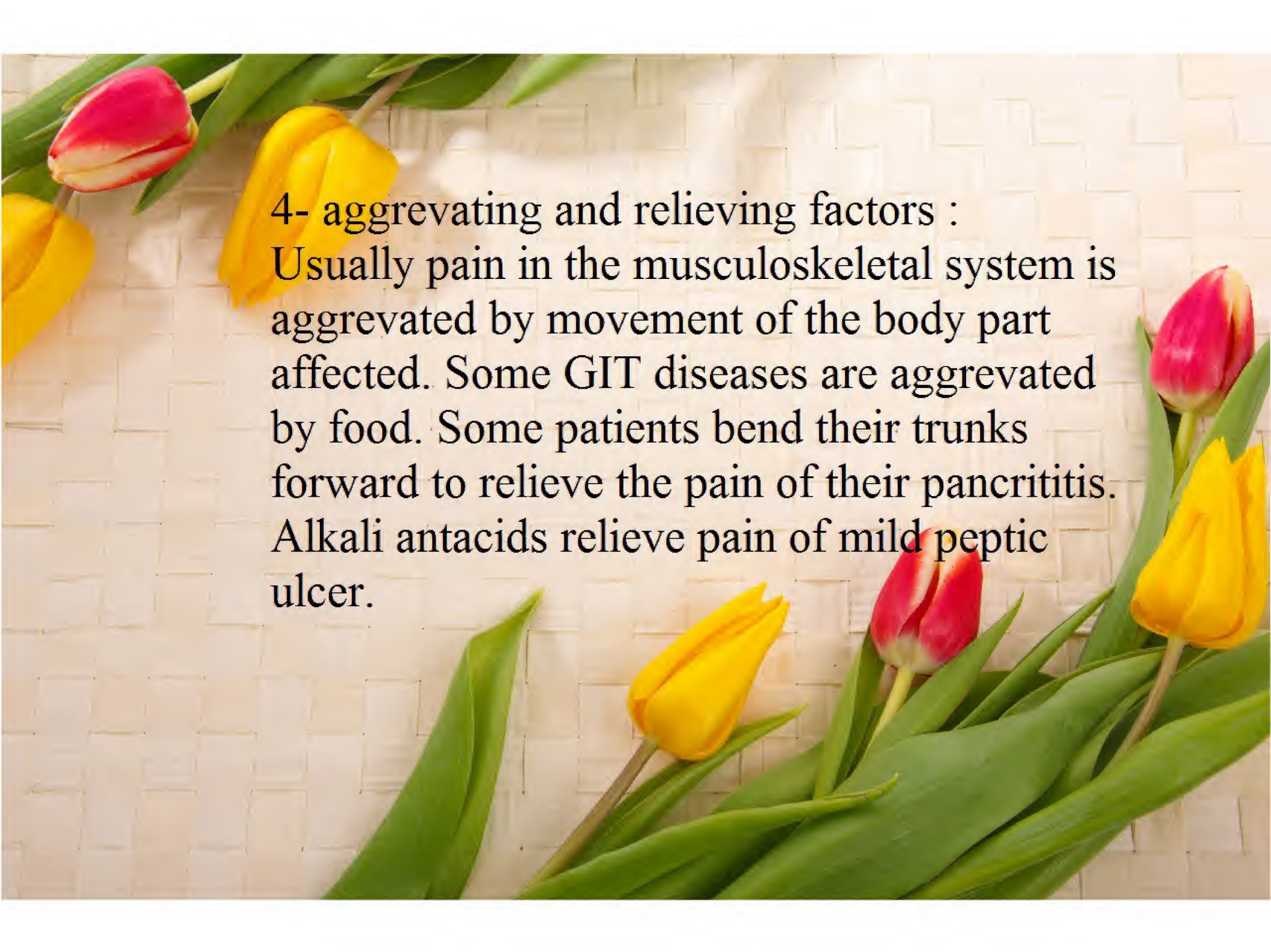
3- Duration :

Some diseases have a pain of very short duration. e.g. for seconds like in Trigeminal neuralgia.

Many other diseases have a pain of much longer duration. If the pain is chronic and the patient was living with it, ask the patient what brought you to see the doctor ?

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Frequency , periodicity and time of occurrence :
Pain of peptic ulcer is periodical and
sometimes comes with seasonal intervals for
few weeks or months on and off.
Headache that is more intense in the early
morning can be SOMETIMES an indicative of
increased ICP

The background of the slide features several tulips in shades of yellow and pink, scattered across a light-colored, textured surface that resembles a woven basket or a tiled floor. The tulips are in various stages of bloom, with some fully open and others as buds. Their green leaves are long and pointed, adding to the decorative floral arrangement.

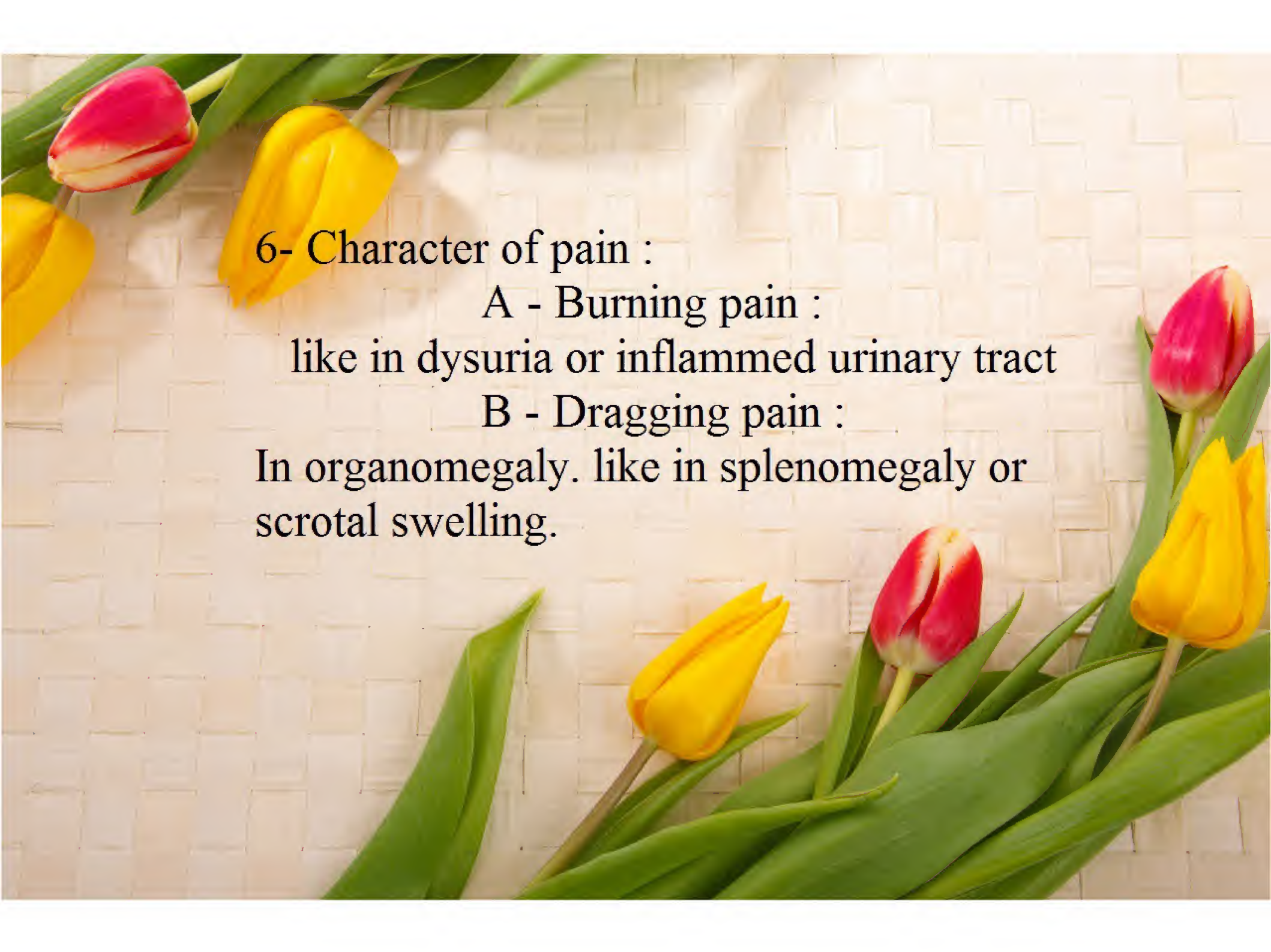
4- aggravating and relieving factors :

Usually pain in the musculoskeletal system is aggravated by movement of the body part affected. Some GIT diseases are aggravated by food. Some patients bend their trunks forward to relieve the pain of their pancreatitis. Alkali antacids relieve pain of mild peptic ulcer.

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5- Severity of pain :

To know the severity of pain, ask the patient about its interference with his\her daily life activity and sleep. Does the pain wake the patient up at night or stop him\her from going to sleep ? Does the patient try to take analgesics ? Can the patient give a rating from 1 to 10 explaining the severity of his\her pain. Do not explain the rating.

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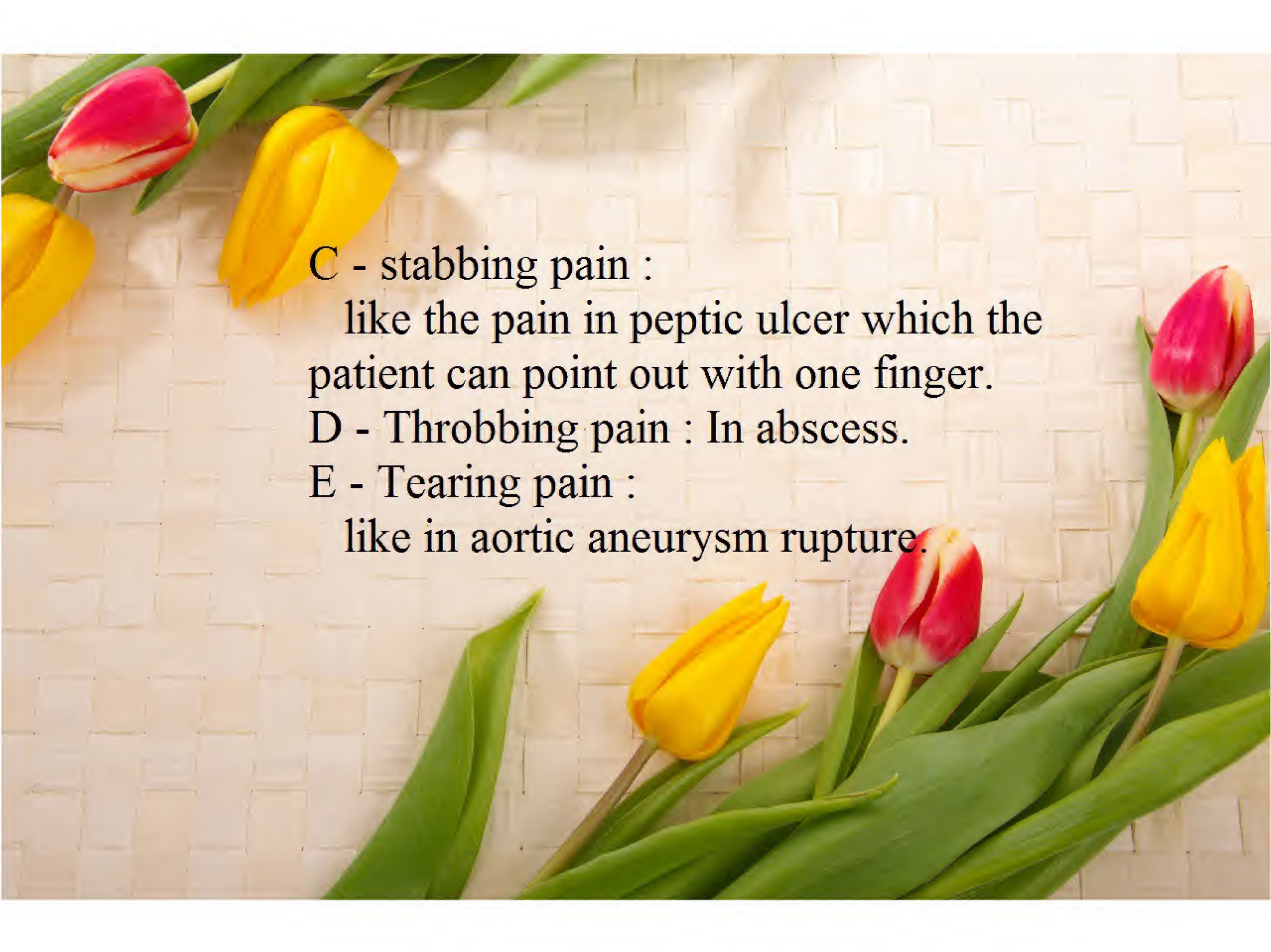
6- Character of pain :

A - Burning pain :

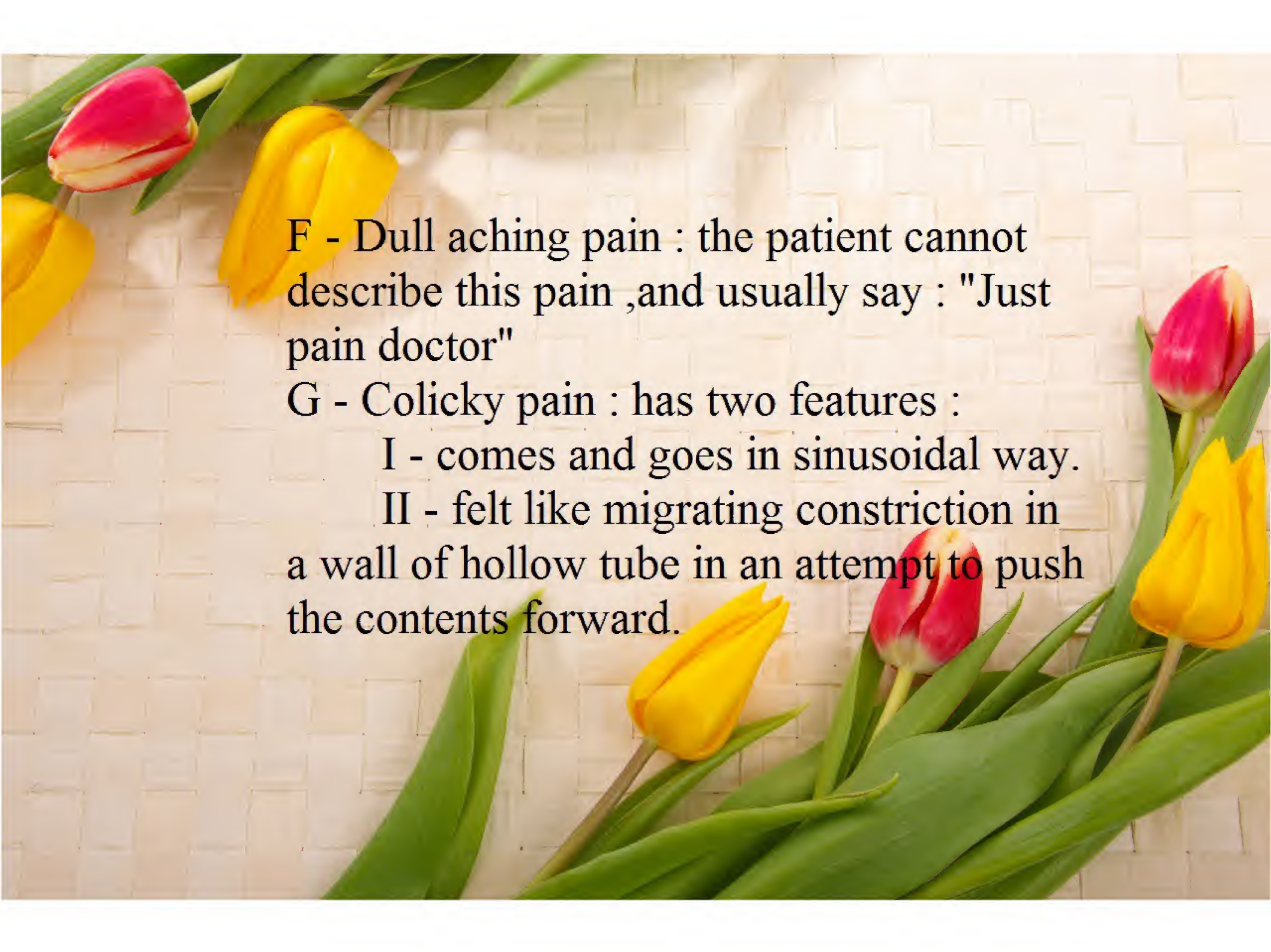
like in dysuria or inflammed urinary tract

B - Dragging pain :

In organomegaly. like in splenomegaly or
scrotal swelling.

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C - stabbing pain :
like the pain in peptic ulcer which the
patient can point out with one finger.
D - Throbbing pain : In abscess.
E - Tearing pain :
like in aortic aneurysm rupture.

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F - Dull aching pain : the patient cannot describe this pain ,and usually say : "Just pain doctor"

G - Colicky pain : has two features :

I - comes and goes in sinusoidal way.

II - felt like migrating constriction in a wall of hollow tube in an attempt to push the contents forward.

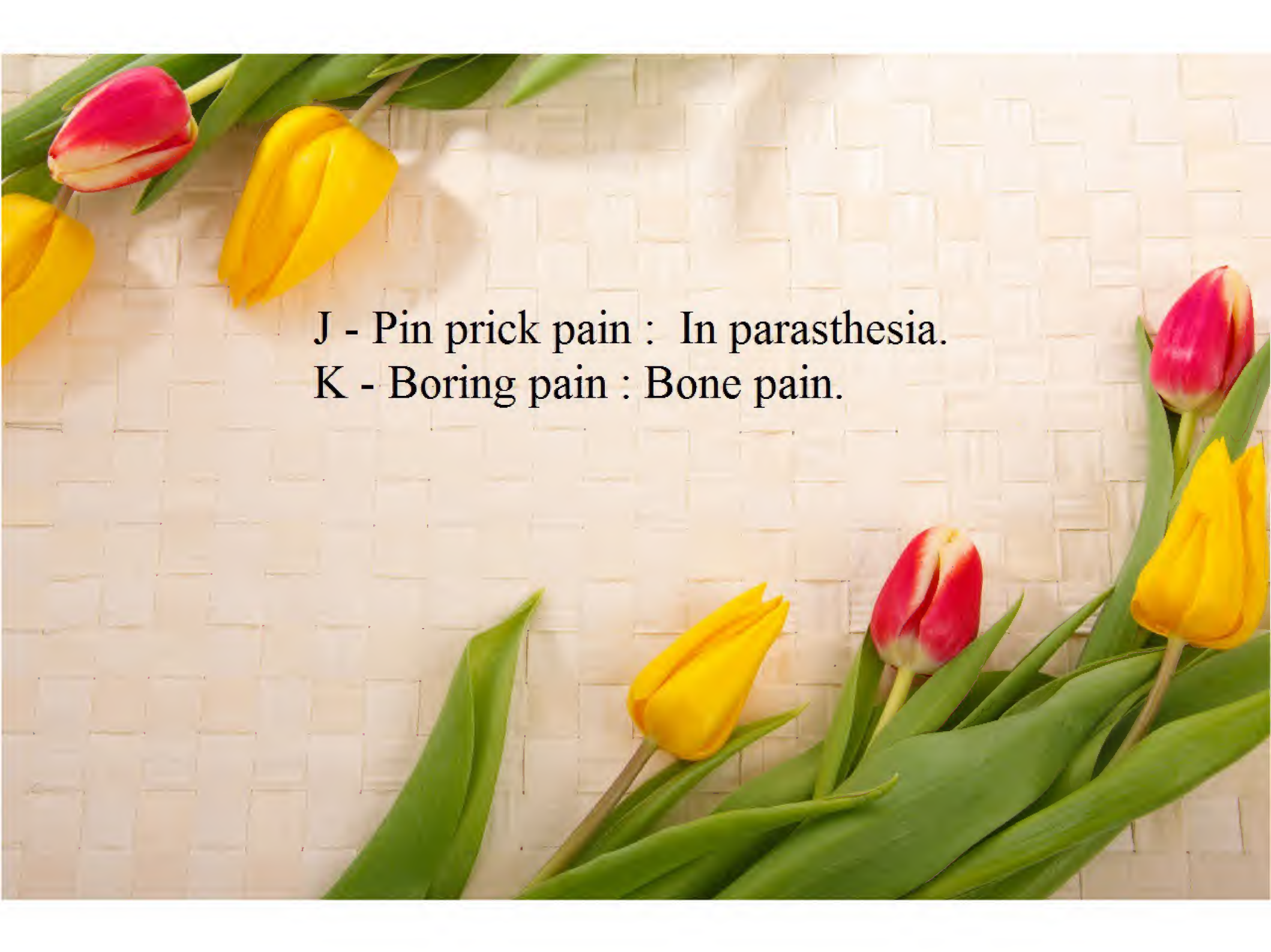
The background of the slide features a light-colored, woven fabric texture. Scattered around the edges are several tulips in shades of yellow and pink with green leaves.

H - constricting pain :

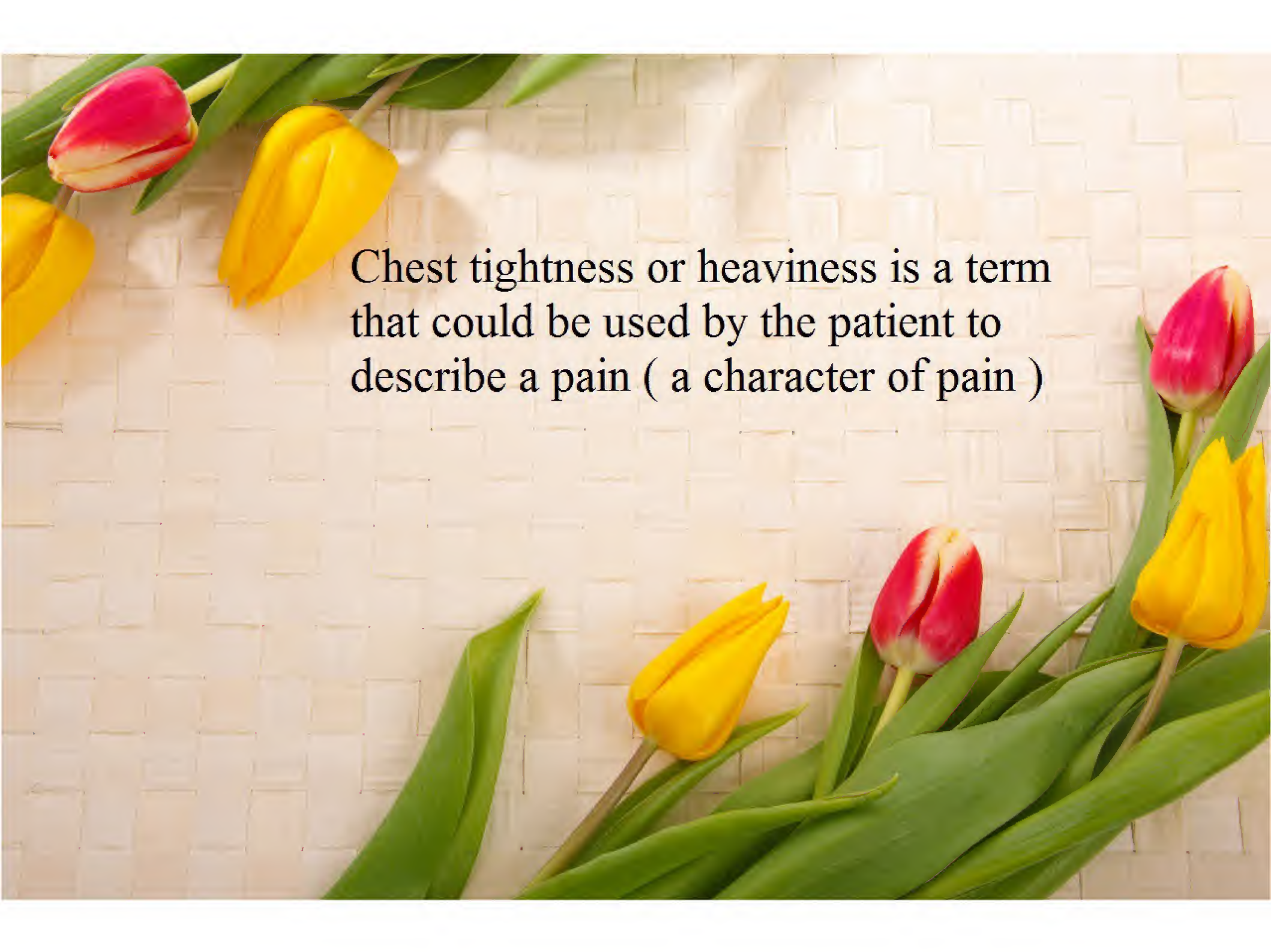
Also called crushing tight pressing. It might happen in angina pectoris.

I - Distension pain :

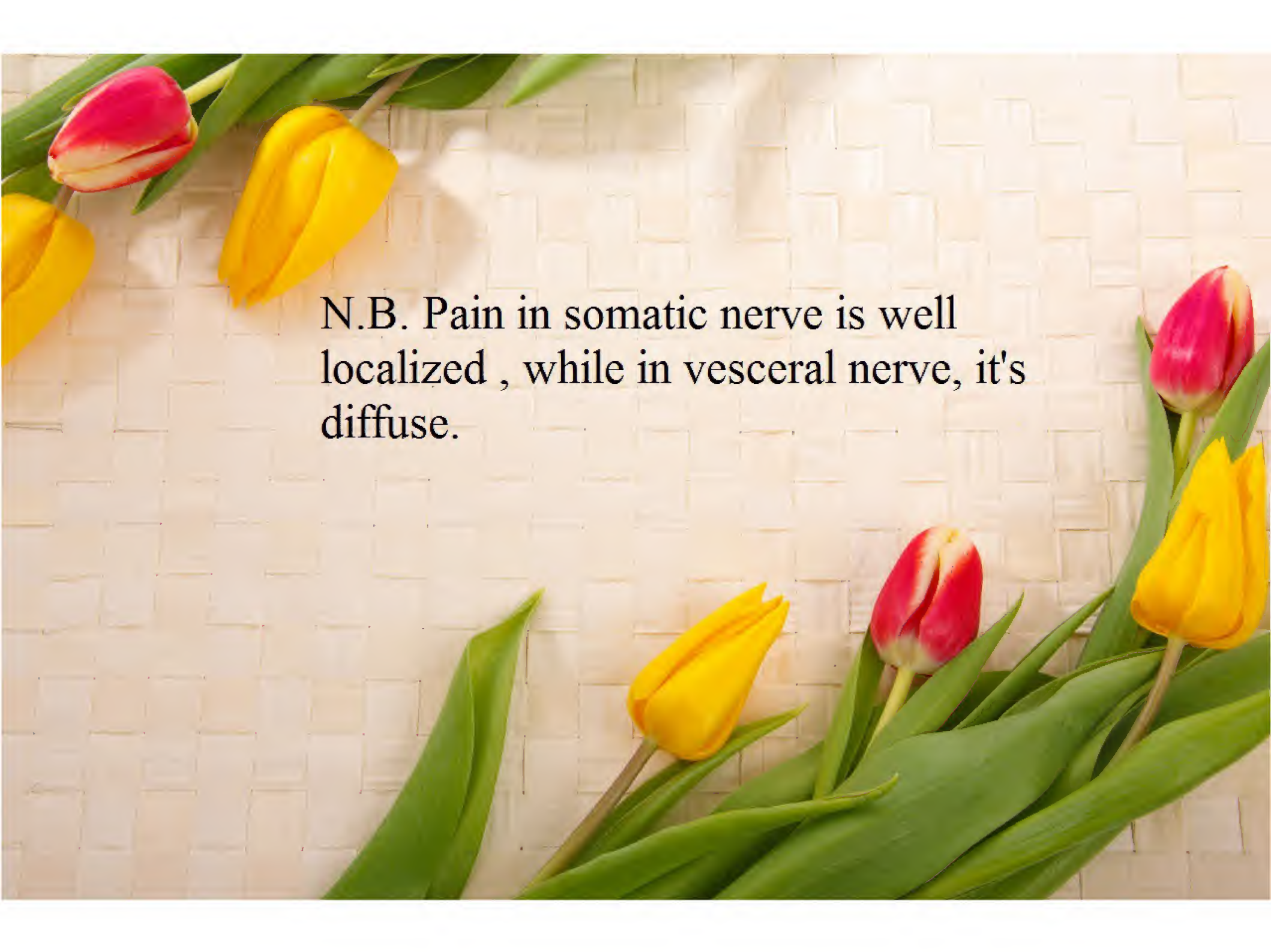
Pain from an encircled organ that has a restricting capsule or wall. e.g. bladder, bowel , encapsulated tumour.

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J - Pin prick pain : In parasthesia.
K - Boring pain : Bone pain.

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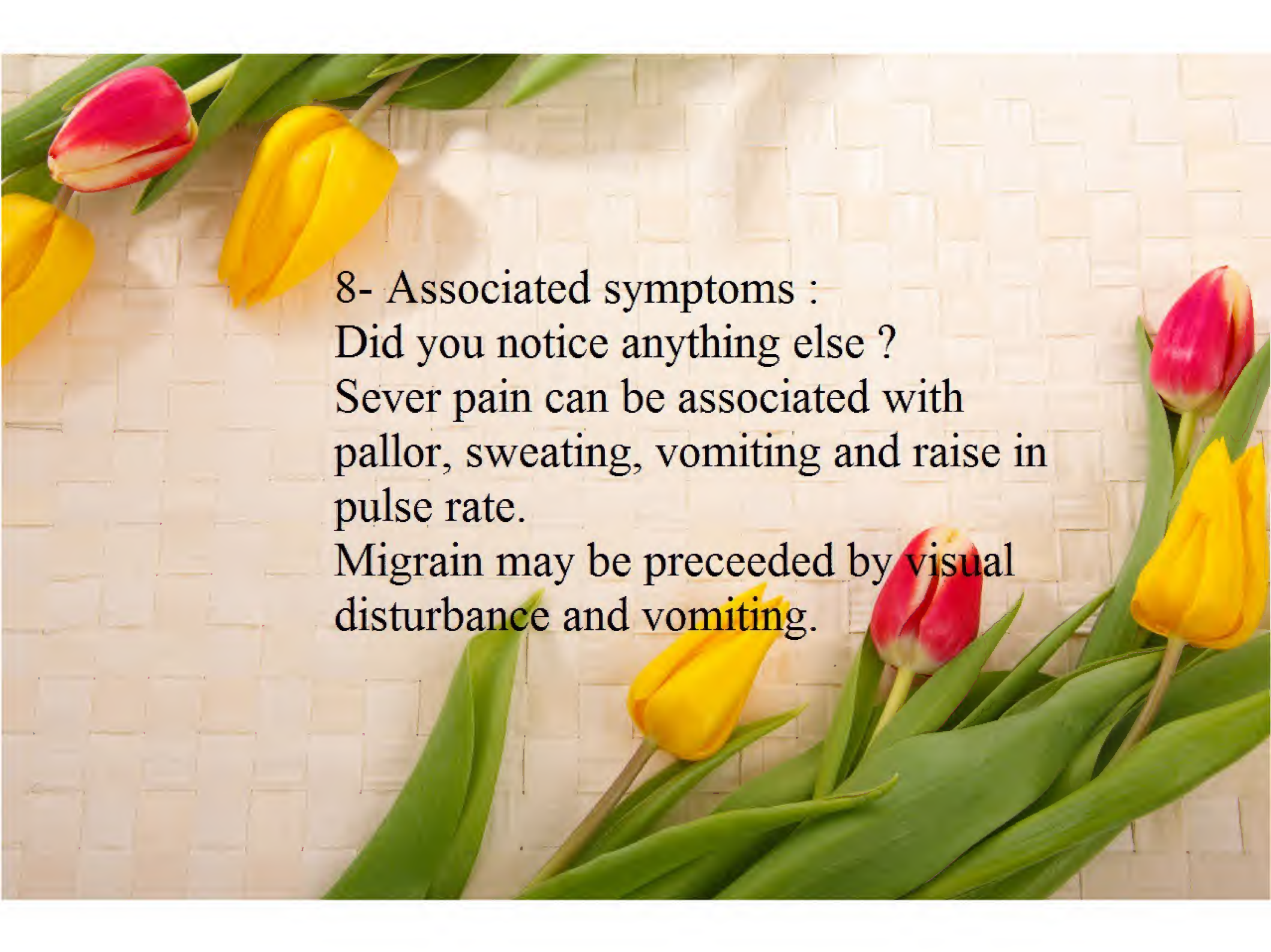
Chest tightness or heaviness is a term that could be used by the patient to describe a pain (a character of pain)

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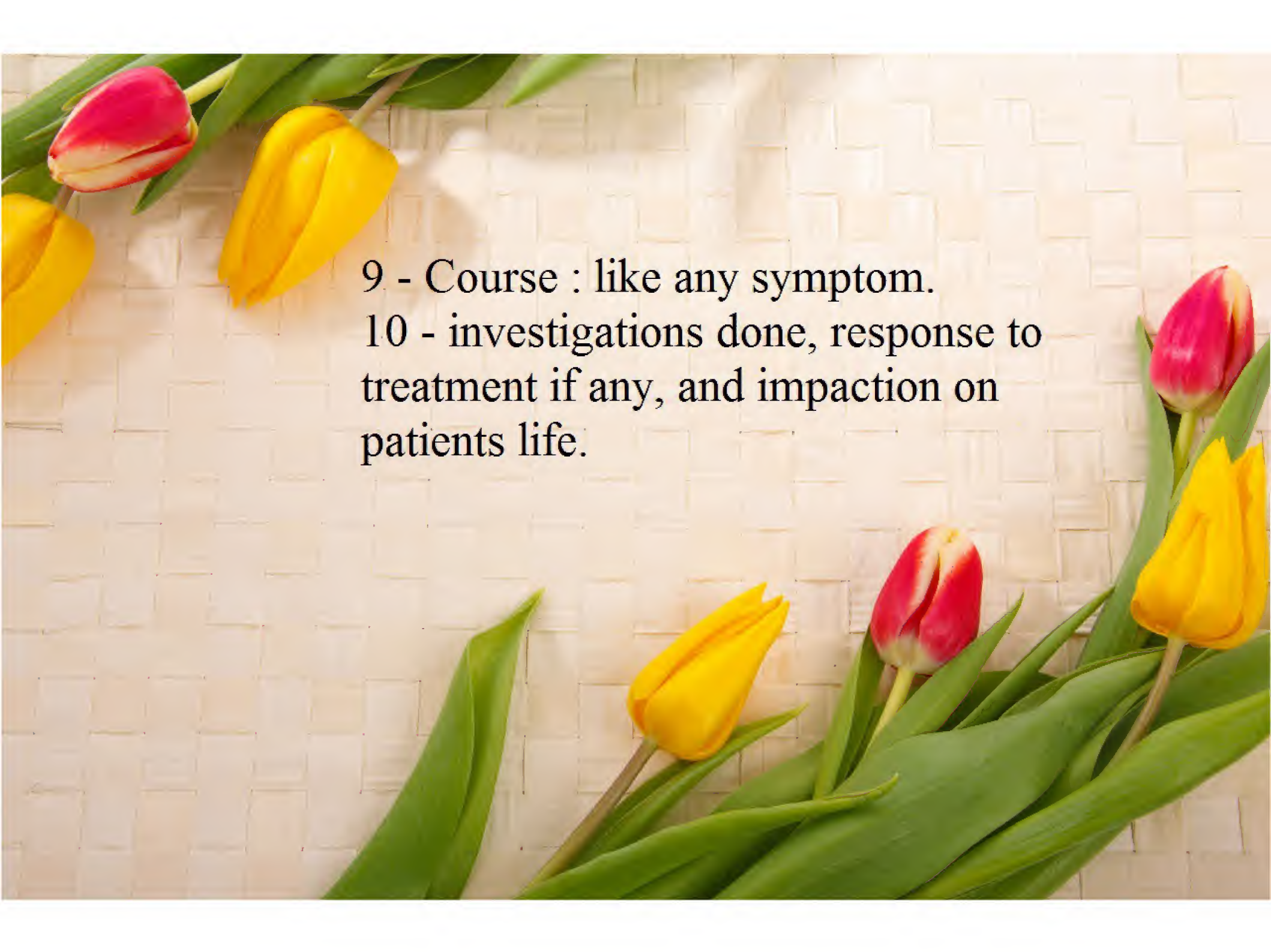
N.B. Pain in somatic nerve is well localized , while in visceral nerve, it's diffuse.

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7 - Radiation is feeling of pain in another area. This Pain is continuous with the area of maximum intensity of pain. While "Referred pain" is feeling the pain in an area away from the area of maximum intensity of pain.

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8- Associated symptoms :
Did you notice anything else ?
Sever pain can be associated with
pallor, sweating, vomiting and raise in
pulse rate.
Migrain may be preceeded by visual
disturbance and vomiting.

A decorative background featuring several tulips in shades of yellow and pink, scattered across a light-colored, woven fabric surface. The tulips are in various stages of bloom, with some showing vibrant colors and others more muted. The lighting is soft, creating gentle shadows.

9 - Course : like any symptom.
10 - investigations done, response to
treatment if any, and impaction on
patients life.



Transitional statements before the review of systems. Prepare your patient for the coming questions by saying : Now I'd like to ask you some questions about other parts of your body. Then begin the review of systems with an open-ended question such as : Do you have any other problems ?

By the review of systems we are aiming to :

- 1- look for complications of the disease on other systems.
- 2- Discover other symptoms which may be related to the current disease or other yet unknown diseases.
- 3- Knowing the presence of other symptoms can be very helpful, like anemia for anasthesia doctor.
- 4- To discover side effects of drugs currently used by the patient.



Start the review of systems by the most relevant system. For example if the chief complaint was breathlessness then start with the cardiovascular and respiratory systems first.

Always remember the "soda scars care \ Socrates" mnemonics when dealing with each positive symptom.



Cardiovascular and respiratory systems :

1- Breathlessness or dyspnea : (soda scars care)

It's an uncomfortable awareness of rapid or difficult breathing.

The body needs O_2 more than it is getting.

Clinical forms :

1- Exertional dyspnea

2- Orthopnea : dyspnea develops on lying flat.

How many pillows is the patient using to relieve his dyspnea ?



3- Dyspnea at rest : Does he become dyspnic on dressing ?

4- Paroxysmal nocturnal dyspnea : develops after 30 mins to 4 hours after getting to sleep. It does not immediately improve upon standing up, unlike Orthopnea.

5- Platypnoea : develops on sitting.

Don't forget to ask a patient of Dyspnea, Have you been recently on a long flight ?



Excercise tolerance.



2- Chest pain : (Soda scars care\Socrates)

New York heart association classification for angina\Dyspnea

Class 1 : During unusual intensive activity

Class 2 : During ordinary activity

Class 3 : With less than ordinary activity

Class 4 : At rest



3- Wheeze : is a musical sound occurring during expiration due to narrowing of the airways or due to increase in the velocity within the respiratory tree.

Difference between stridor and wheeze :

Stridor is inspiratory and in the URT

Wheeze is expiratory and in the LRT



4- Cough : is a reflex to clear the airways. It's the most common reason for visiting a primary care physician in the united states.

Acute < 3 weeks duration. Chronic > 3 weeks duration
Is it dry or wet ? Productive (when sputum is coughed up) or non-productive. Relation to posture.

When cough happens at night it's called nocturnal cough.



In cough, Don't forget to ask about any new medication.
Have you started any new medication recently ?



5- Haemoptysis and Sputum :

A- Haemoptysis is the coughing up of blood or of blood stained sputum. make sure that the blood is coming from the airways below the level of the larynx.

Pseudohaemoptysis is coughing up blood that is coming from the mouth, nose or the upper part of the throat.



B- Sputum :

Sputum is not Saliva. Actually when we take a sputum sample for analysis, it should not be contaminated with saliva ,because saliva is a good medium for the growth of oral bacteria.

Purulent sputum is sputum that contains pus.



6 - Fever : is a sign and it is an elevation of body temperature above the normal "range".

Does the patient measure his\her temperature ?

7 - Chills and Rigors : Chills is a feeling of coldness occurring during a high fever.

During a high fever the patient feels cold or chills until a new set point for thermoregulation is reached in the hypothalamus.

Rigors are episodes of shivering (profound chills) occurs as temperature rises fast from normal.



8- Night sweating : During sleep

Moderate

Drenching : the patient commonly changes
nightclothes



Palpitation : unpleasant awareness of heartbeats
patients can notice palpitations through abnormal or
normal awareness. The difference between an abnormal
awareness and normal awareness is that the former
interrupts other thoughts whereas the latter is almost
always caused by a concentration on the beating of one's
heart.



Notice : It's not uncommon that an english native speaker doesn't know the meaning of the word palpitation.

You can ask : Did you feel your heart raising ?

In infants , Do not say there is palpitation ,because palpitation is about the awareness of the patient of his heartbeats



Are the heartbeats regular or irregular ?
Did he feel any missed beats ?
Could he tap out on the table the rate of heartbeats ?
If the patient has a prosthetic valve, ask the patient
about cessation of clicks , a sign of prosthetic valve
dysfunction.



10 - Symptoms of peripheral vessels :

Raynaud's phenomenon : It's an abnormal response of the fingers to cold. They turn white (blanching), then blue (cyanosis) and finally red (painful rebound hyperaemia) . It must be differentiated from Acrocyanosis which is a purple discoloration of the fingers on exposure to cold , no blanching phase is observed.



- Ankel swelling : How far is the swelling up the legs ?
- Varicose veins.
- Intermittant claudication : a muscle pain that occurs during excercise and is relieved by short period of rest.



11- Syncope : is transient loss of consciousness resulting from insufficient blood supply to the brain.
Presyncope is feeling of impending loss of consciousness.

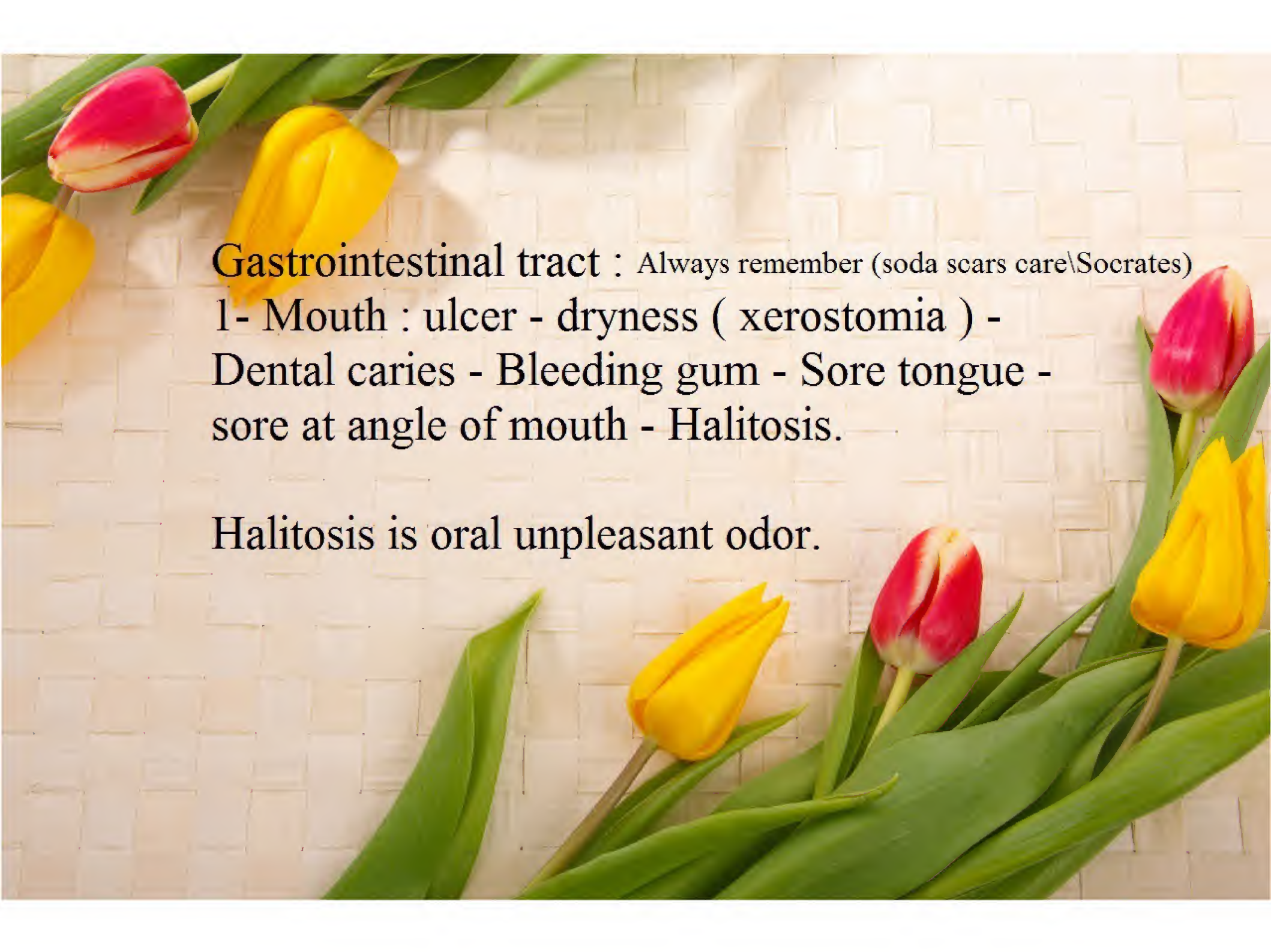


12- Symptoms of upper respiratory tract :

Nasal discharge - sneezing - nasal obstruction - change of voice - sore throat - loud snoring - Epistaxis

Epistaxis : Nosebleed or hemorrhage from the nose is of two types : Anterior (the most common) and posterior (less common ,but requires more attention)

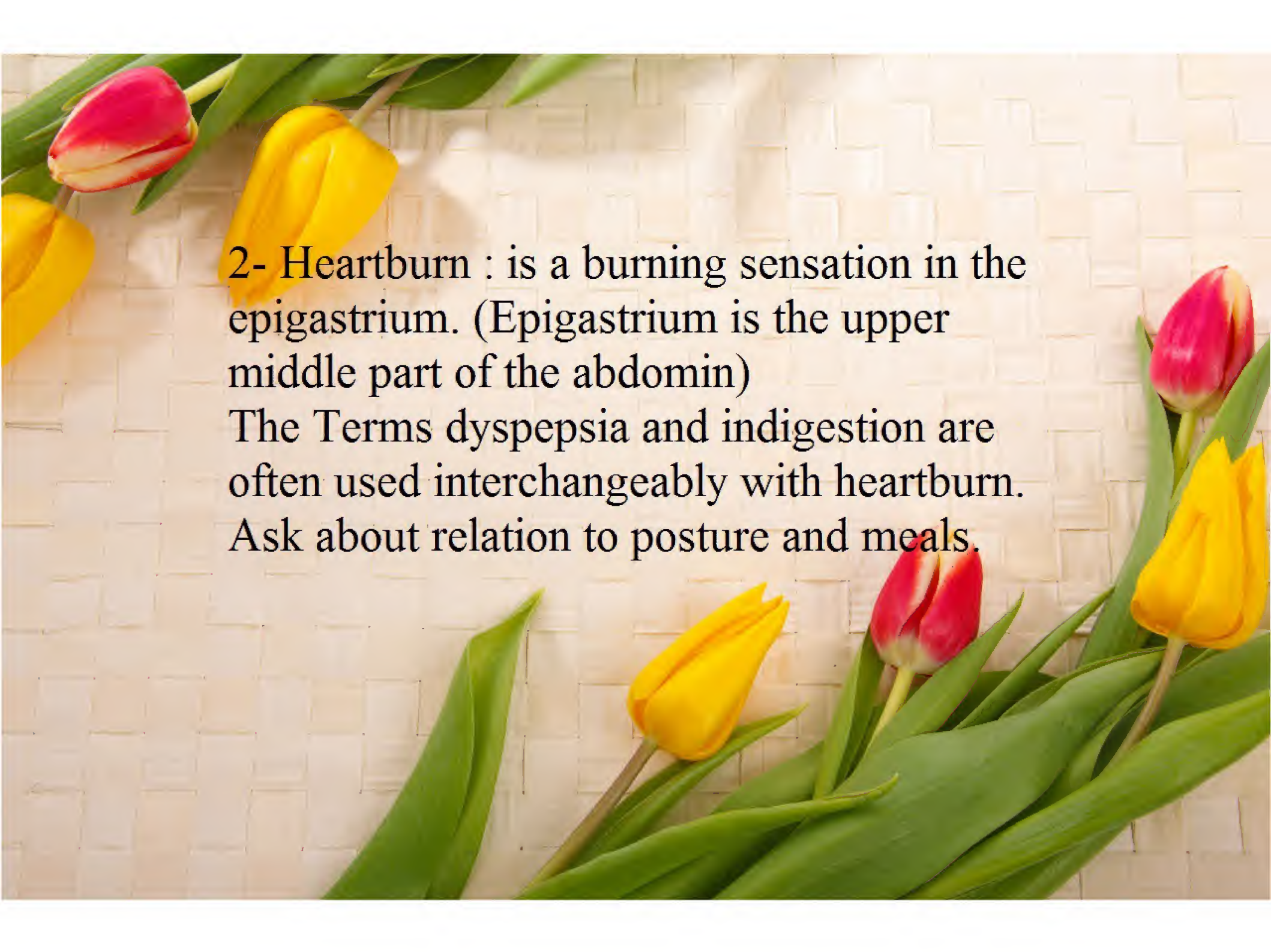


The background of the slide is a light-colored, textured surface, possibly a woven basket or a similar material. In the corners, there are several tulips. In the top-left corner, there are two tulips, one yellow and one pink. In the bottom-right corner, there are three tulips, two yellow and one pink. The tulips have green leaves and are in various stages of bloom.

Gastrointestinal tract : Always remember (soda scars care\ Socrates)

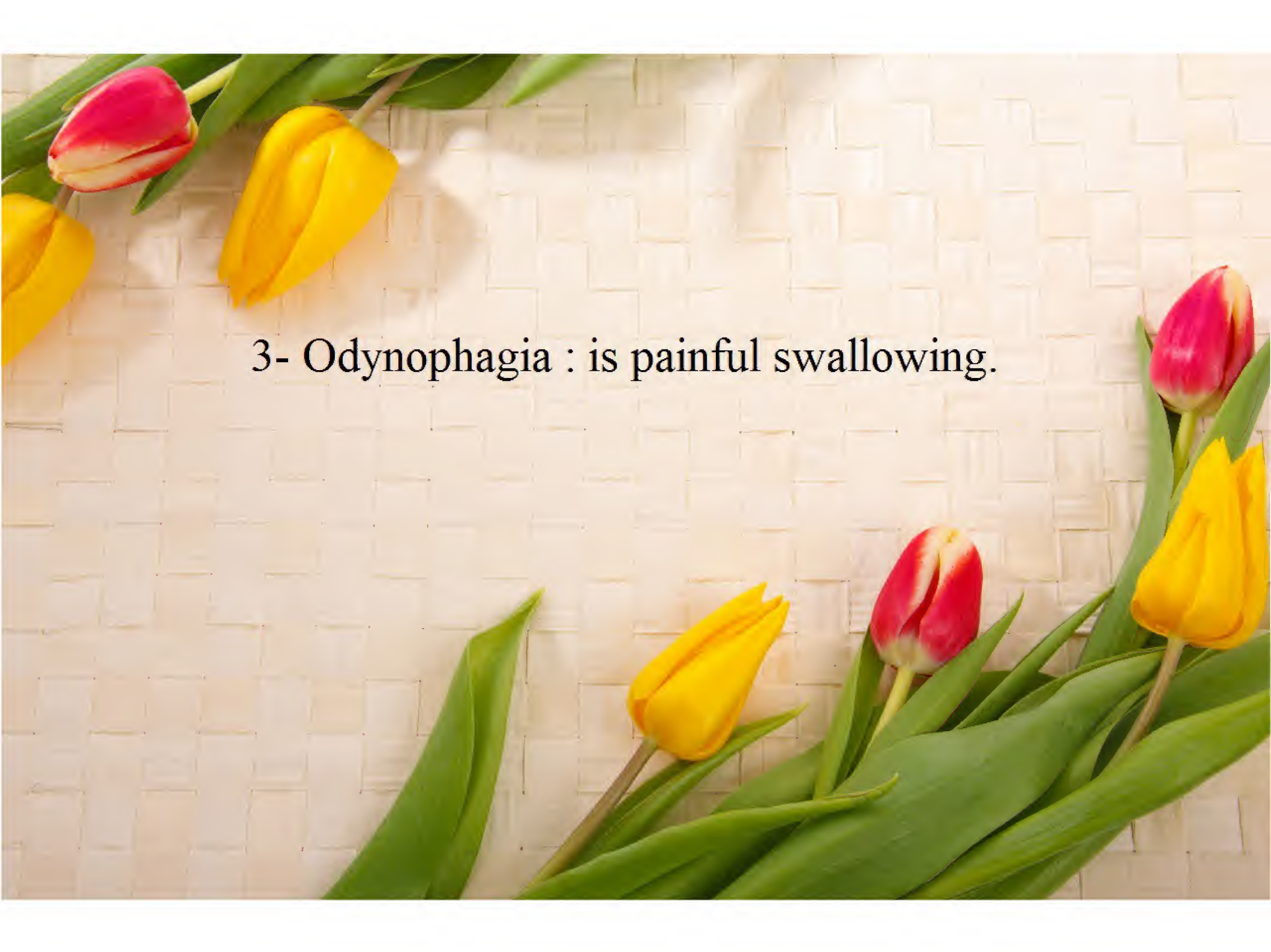
1- Mouth : ulcer - dryness (xerostomia) -
Dental caries - Bleeding gum - Sore tongue -
sore at angle of mouth - Halitosis.

Halitosis is oral unpleasant odor.

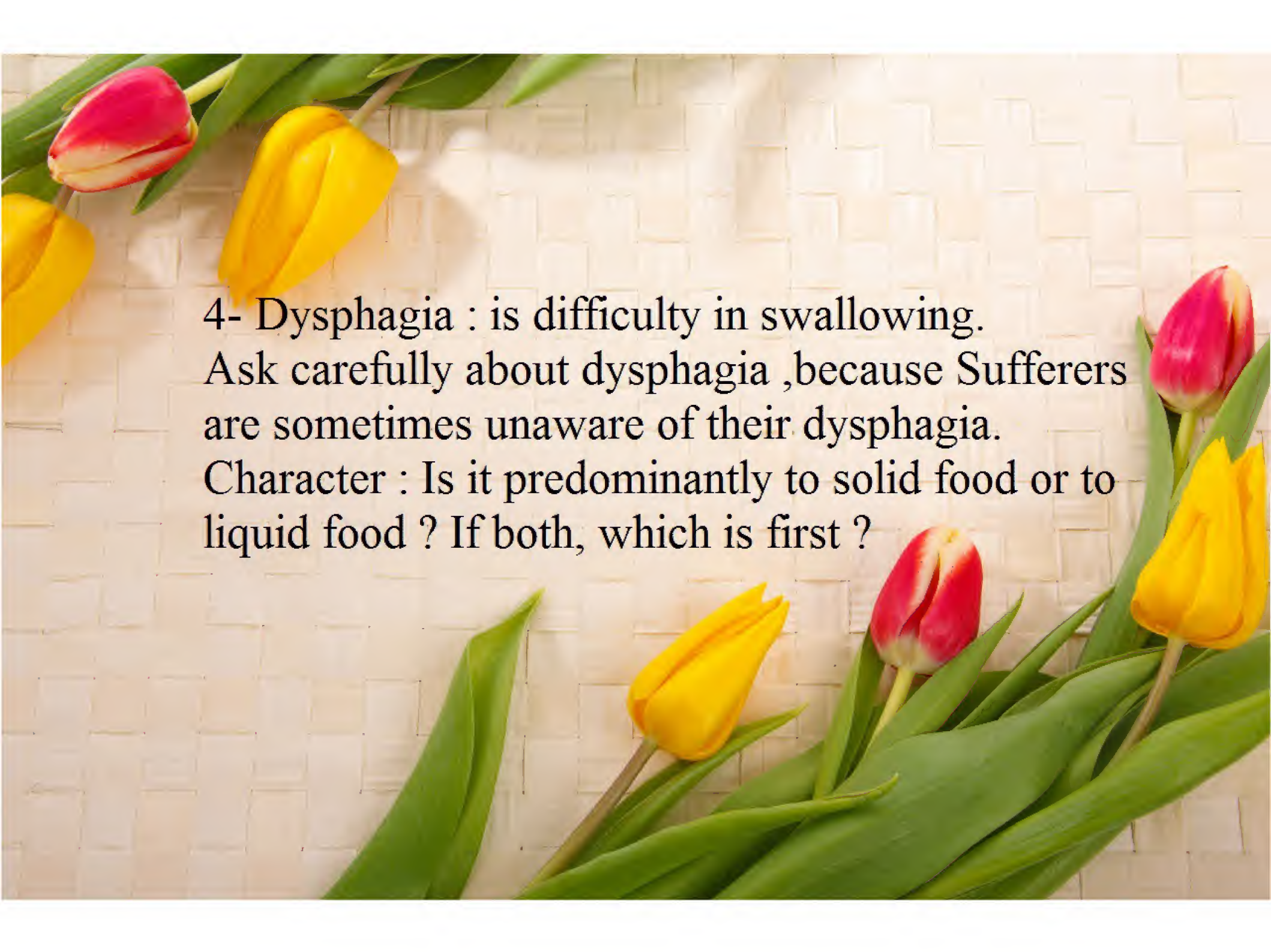
A decorative background featuring several tulips in shades of yellow and pink, scattered across a light-colored, woven fabric surface. The tulips are in various stages of bloom, with some fully open and others as buds. Their green leaves are also visible, adding to the natural aesthetic of the slide.

2- Heartburn : is a burning sensation in the epigastrium. (Epigastrium is the upper middle part of the abdomen)

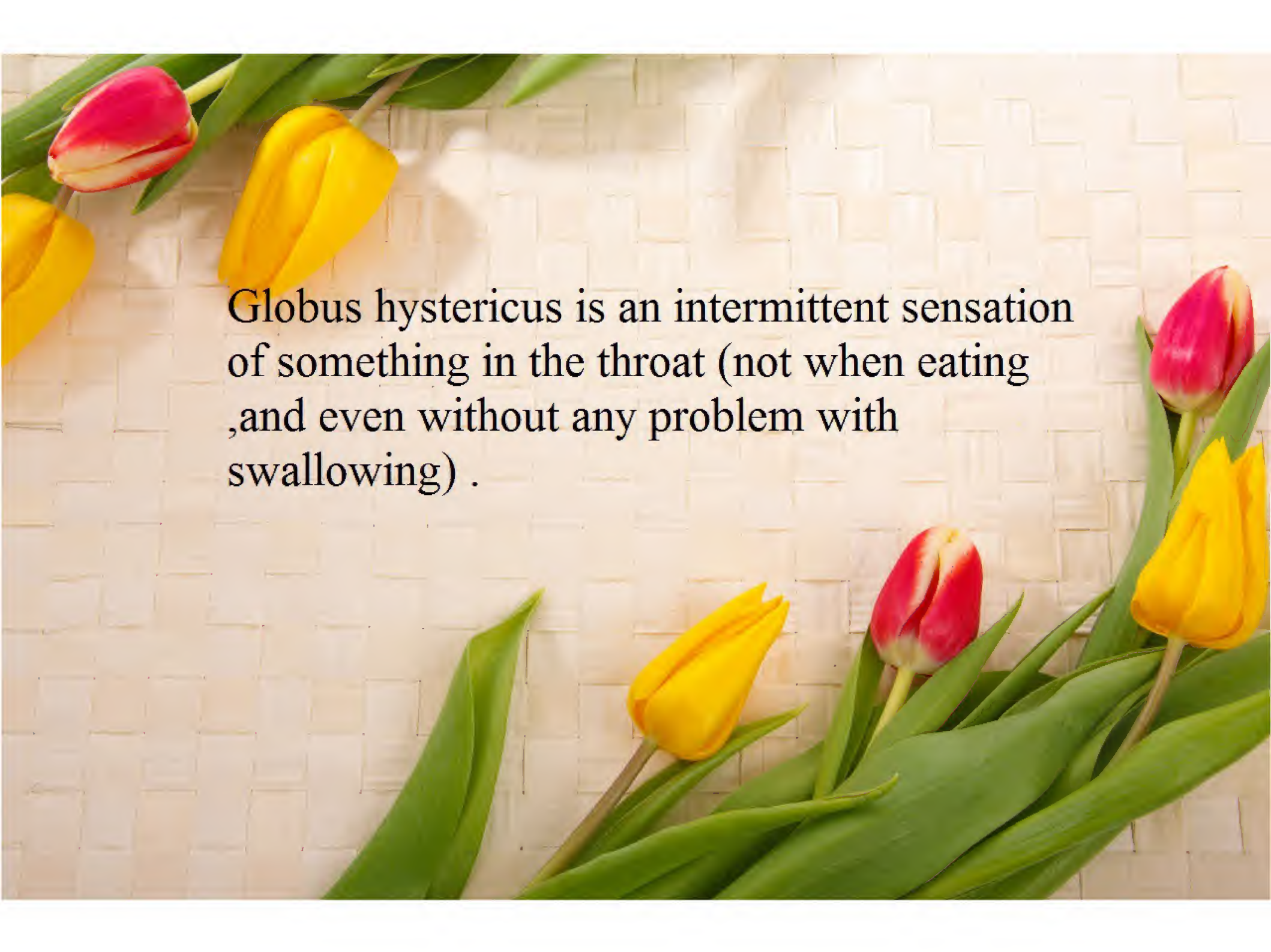
The Terms dyspepsia and indigestion are often used interchangeably with heartburn. Ask about relation to posture and meals.

A decorative background featuring several tulips in shades of yellow and red with green leaves, arranged on a light-colored, woven, basket-like texture. The tulips are positioned around the edges of the frame, with some in the top left and bottom right corners, and others along the bottom edge. The central area is mostly empty, providing space for the text.

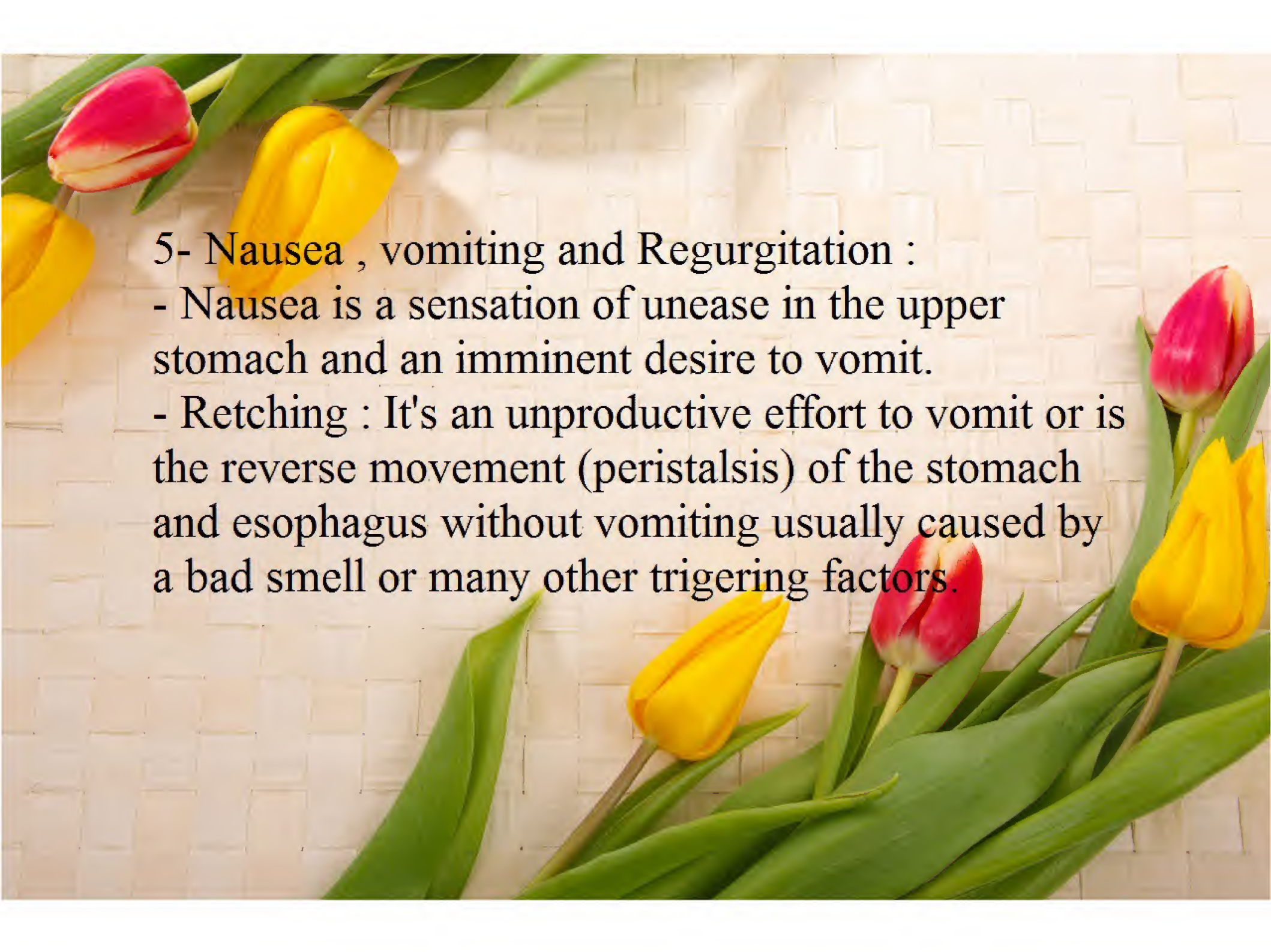
3- Odynophagia : is painful swallowing.

The image features a light-colored, woven-texture background. Several tulips are scattered around the text: a pink and yellow tulip in the top left, a yellow tulip in the top center, a pink and yellow tulip in the top right, a yellow tulip in the bottom center, and a pink and yellow tulip in the bottom right. Green tulip leaves are also visible, particularly at the bottom and right edges.

4- Dysphagia : is difficulty in swallowing.
Ask carefully about dysphagia ,because Sufferers
are sometimes unaware of their dysphagia.
Character : Is it predominantly to solid food or to
liquid food ? If both, which is first ?

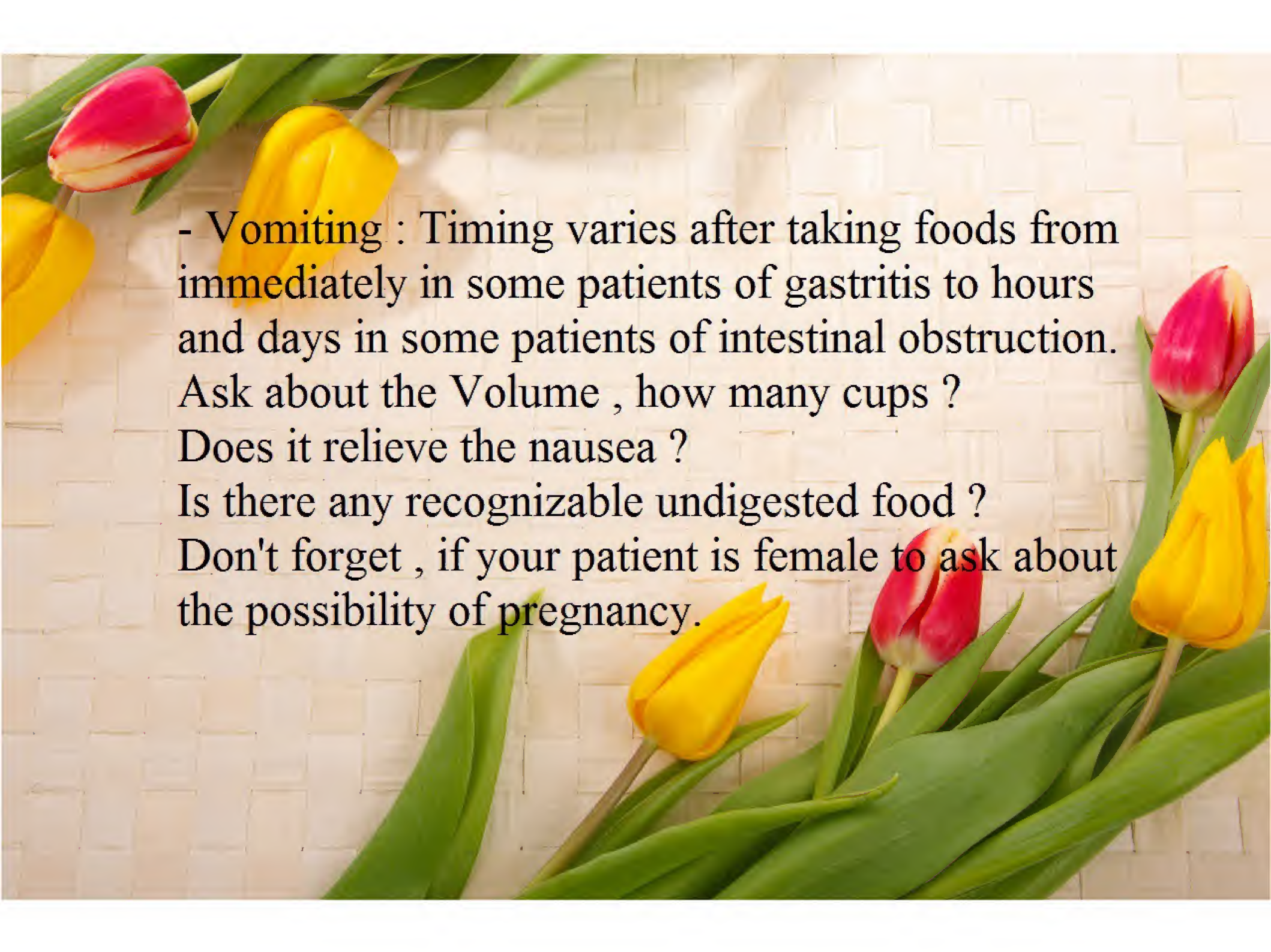
The image features a collection of tulips in shades of yellow and red with white variegation, arranged around the central text. The flowers are set against a light-colored, woven or quilted fabric background. The tulips are in various stages of bloom, with some showing their green leaves. The text is centered and reads:

Globus hystericus is an intermittent sensation of something in the throat (not when eating ,and even without any problem with swallowing) .

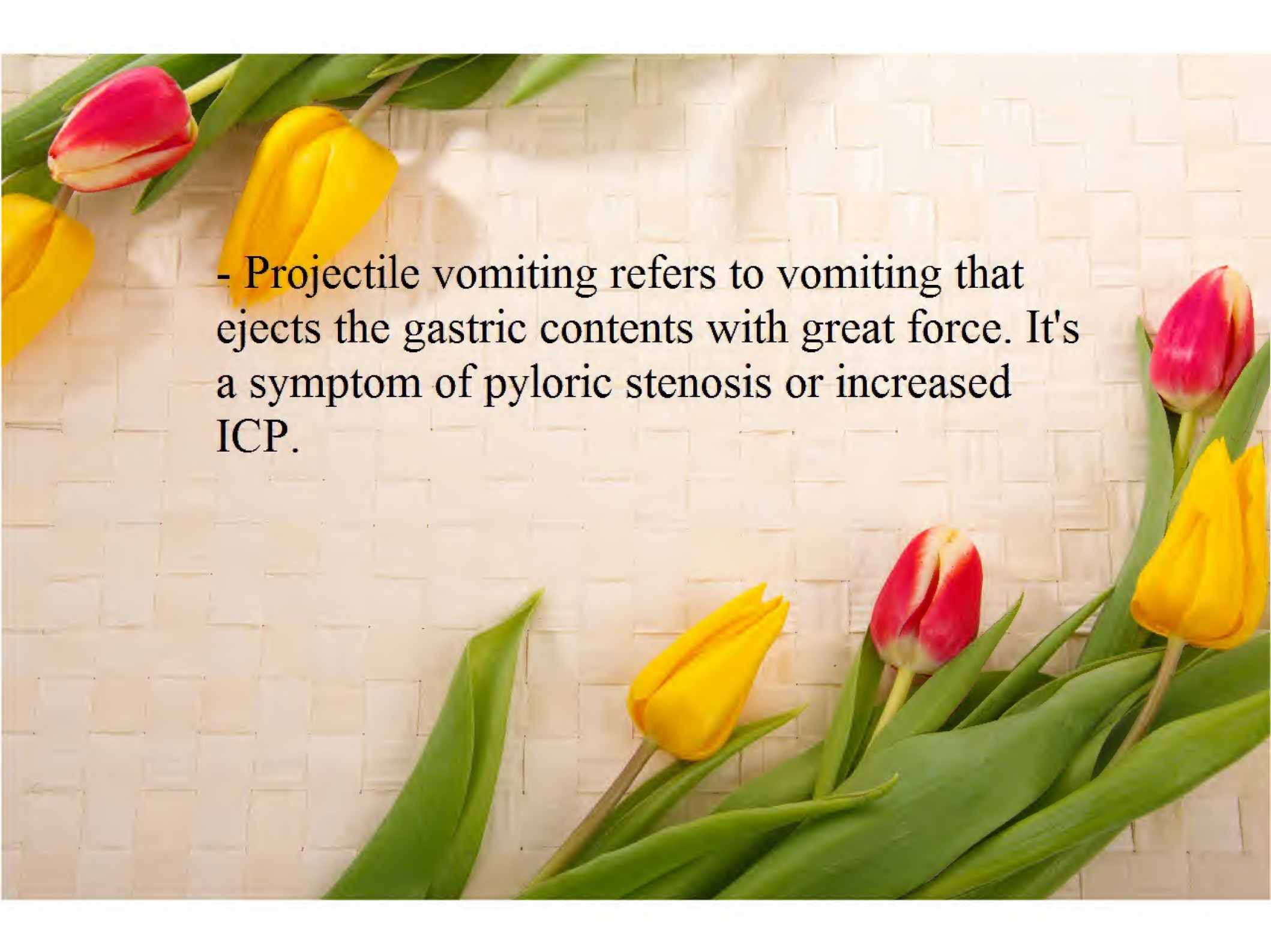
The image features several tulips in shades of yellow and pink with green leaves, arranged around the text on a light-colored, textured background.

5- Nausea , vomiting and Regurgitation :

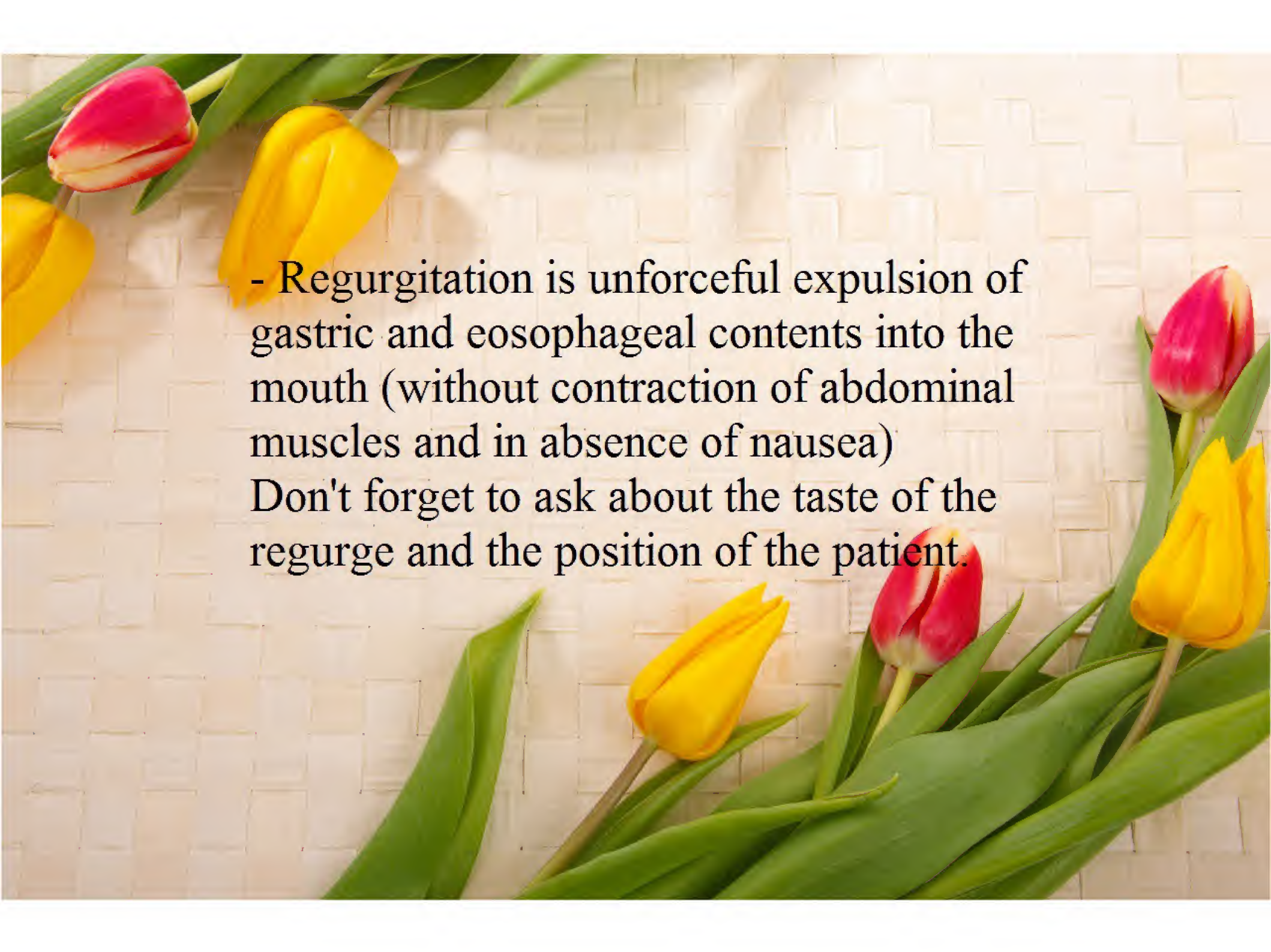
- Nausea is a sensation of unease in the upper stomach and an imminent desire to vomit.
- Retching : It's an unproductive effort to vomit or is the reverse movement (peristalsis) of the stomach and esophagus without vomiting usually caused by a bad smell or many other triggering factors.

The image features a decorative border of tulips. In the top-left corner, there are yellow and pink tulips. In the bottom-right corner, there are more yellow and pink tulips with green leaves. The background is a light-colored, textured surface, possibly a wall or a tablecloth.

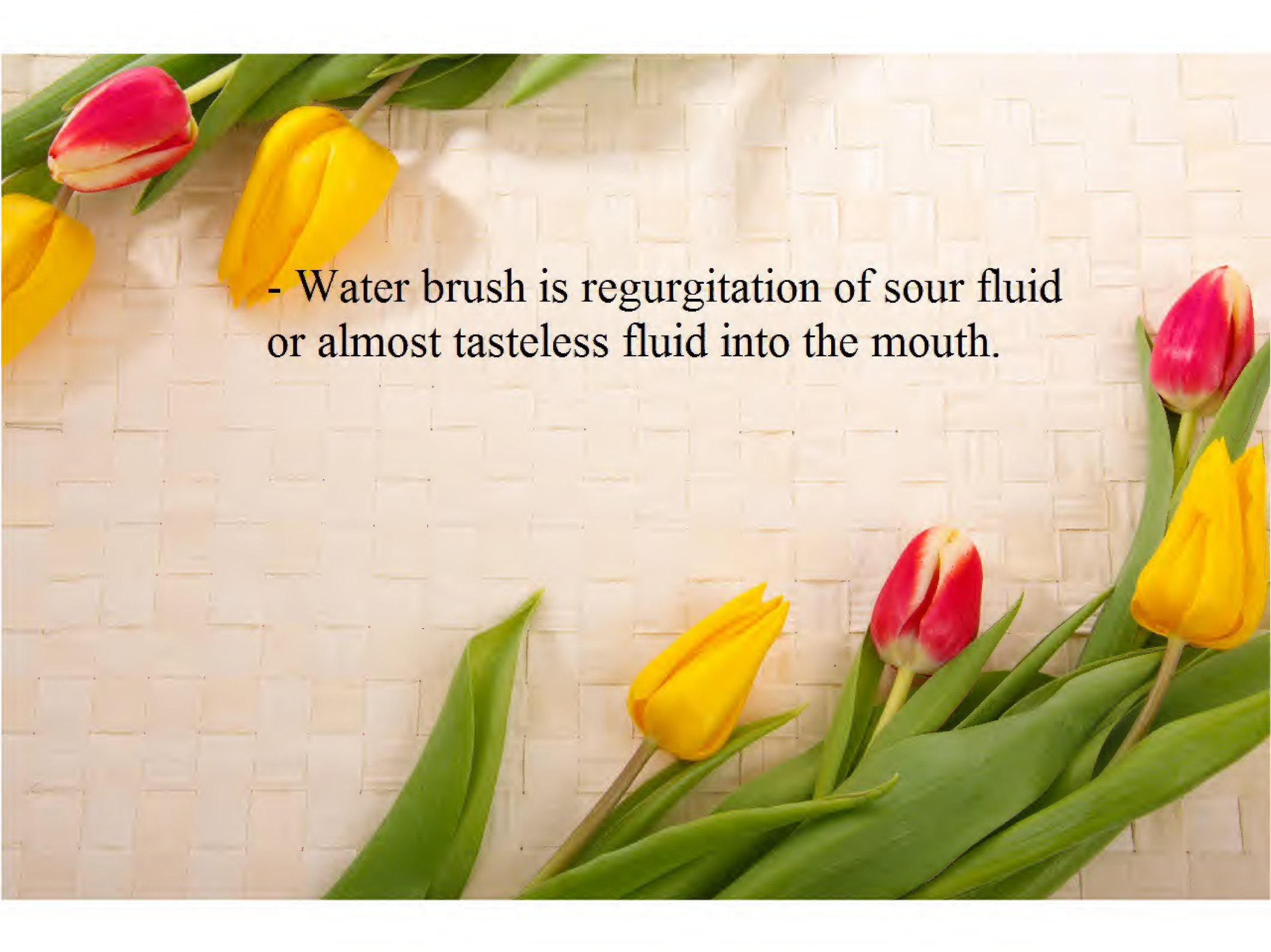
- Vomiting : Timing varies after taking foods from immediately in some patients of gastritis to hours and days in some patients of intestinal obstruction. Ask about the Volume , how many cups ? Does it relieve the nausea ? Is there any recognizable undigested food ? Don't forget , if your patient is female to ask about the possibility of pregnancy.

The image features a light-colored, woven-texture background. Several tulips are scattered around the edges: a red and yellow tulip in the top left, a yellow tulip in the top center, a red and yellow tulip in the top right, a yellow tulip in the bottom left, a red and yellow tulip in the bottom center, and a yellow tulip in the bottom right. The tulips have green leaves and stems.

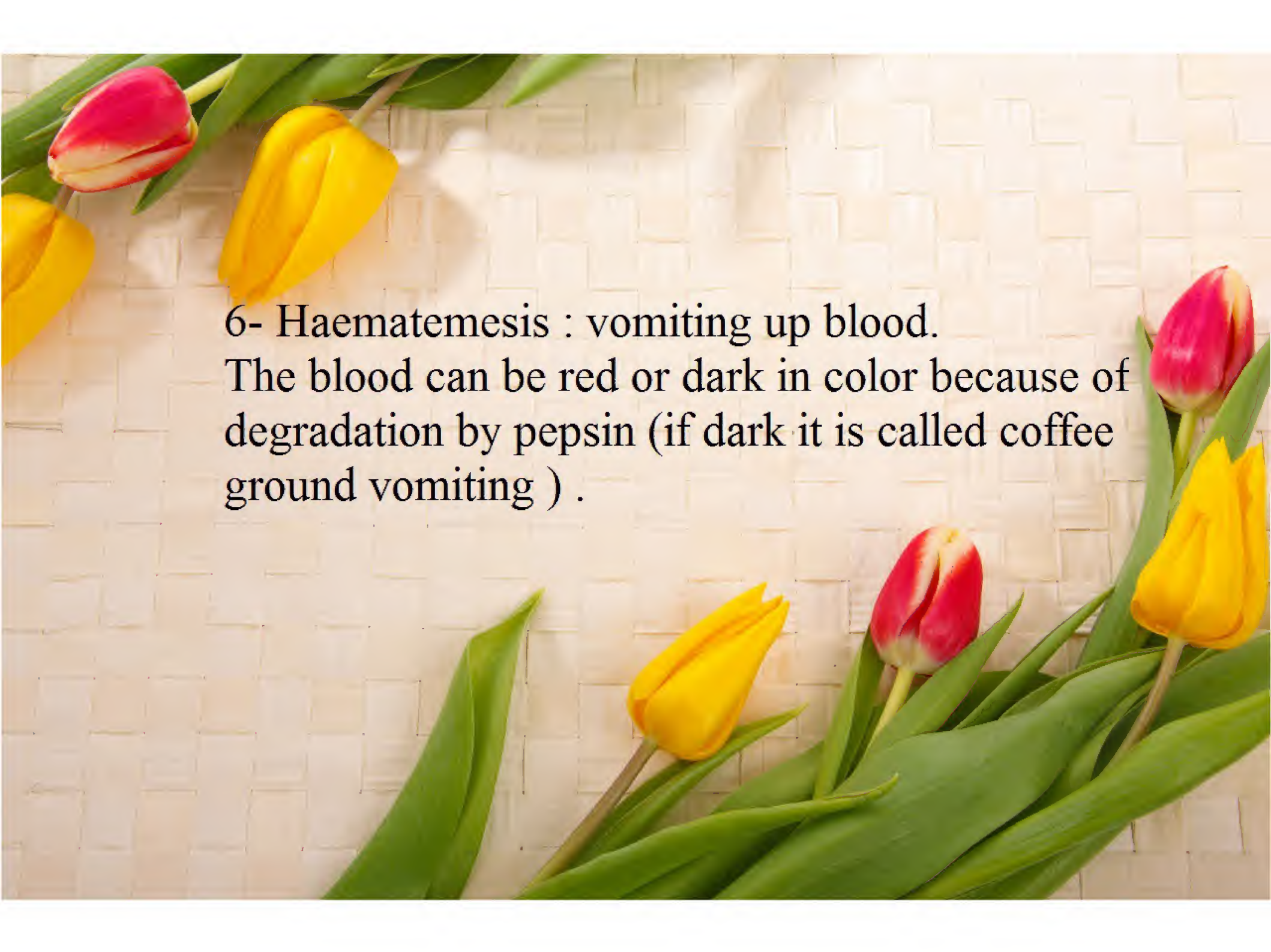
- Projectile vomiting refers to vomiting that ejects the gastric contents with great force. It's a symptom of pyloric stenosis or increased ICP.

The image features a light-colored, square-tiled background. Several tulips are scattered around the text: a yellow one in the top left, a red and white striped one in the top left, a yellow one in the bottom center, a red and white striped one in the bottom center, and a yellow one in the bottom right. There are also green leaves and stems visible.

- Regurgitation is unforceful expulsion of gastric and esophageal contents into the mouth (without contraction of abdominal muscles and in absence of nausea)
Don't forget to ask about the taste of the regurge and the position of the patient.

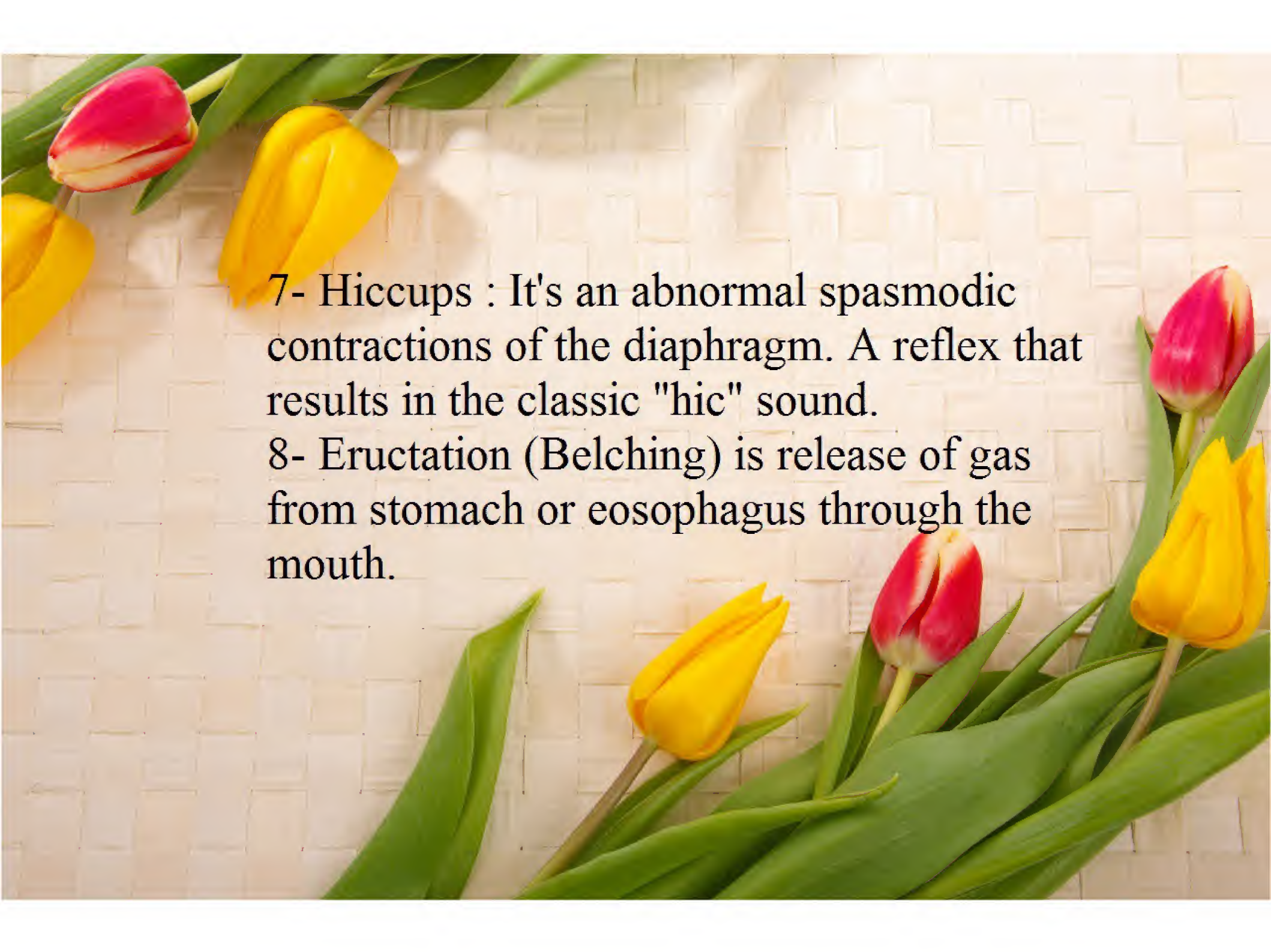
A decorative background featuring several tulips in yellow and red colors, scattered across a light-colored, square-tiled surface. The tulips are in various stages of bloom, with some showing vibrant yellow petals and others displaying a mix of yellow and red. Green leaves are also visible, extending from the stems of the flowers.

- Water brush is regurgitation of sour fluid or almost tasteless fluid into the mouth.

A decorative background featuring several tulips in yellow and red colors, scattered across a light-colored, woven fabric surface. The tulips are in various stages of bloom, with some showing vibrant yellow petals and others displaying a mix of yellow and red. Green leaves are also visible, adding to the natural aesthetic.

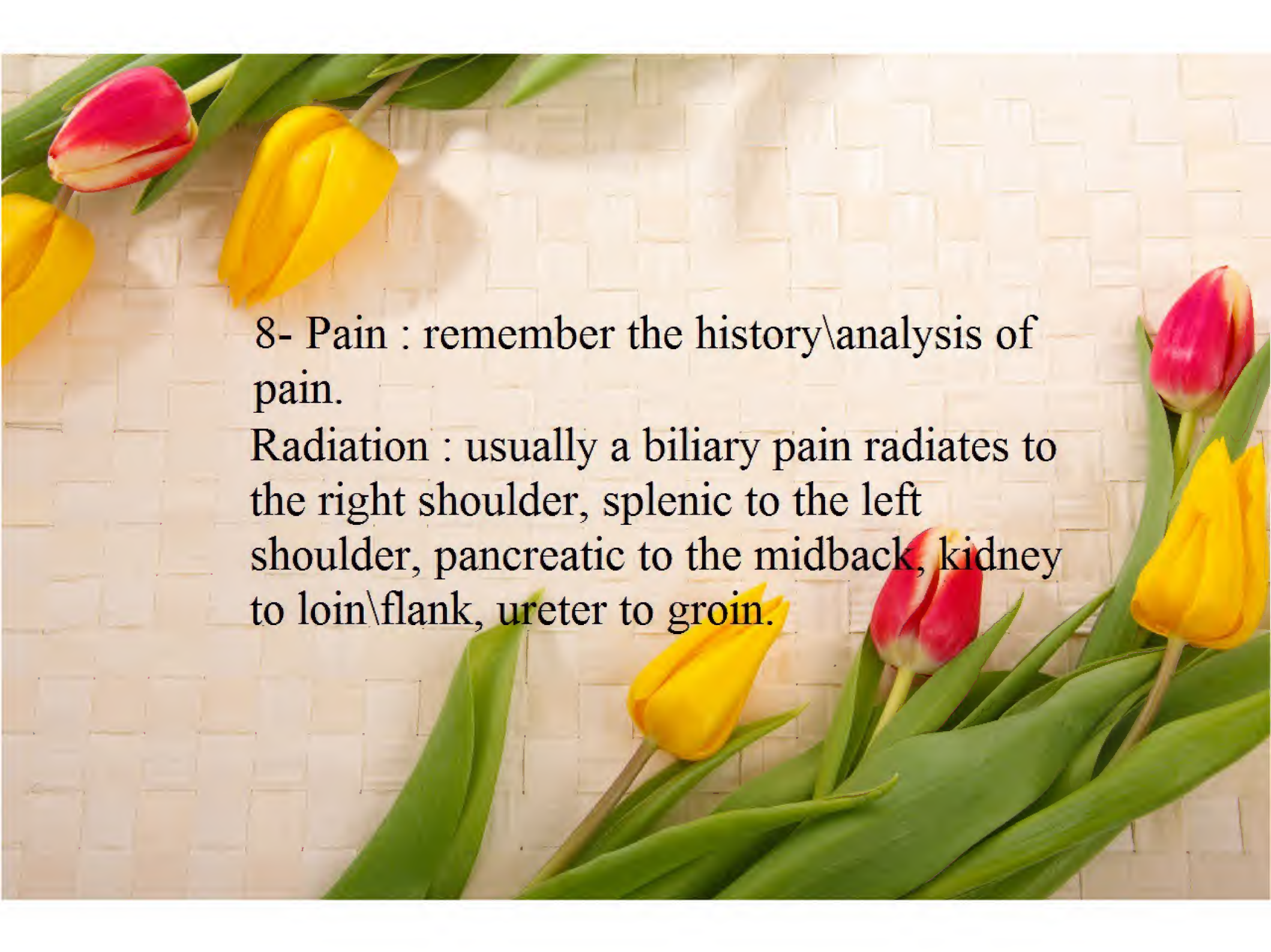
6- Haematemesis : vomiting up blood.

The blood can be red or dark in color because of degradation by pepsin (if dark it is called coffee ground vomiting) .

The image features a light-colored, woven-texture background. Several tulips are scattered around the text: a yellow one in the top left, a red and white one in the top left, a red and white one in the top right, a yellow one in the bottom right, and a yellow one in the bottom center. Green leaves are also visible.

7- Hiccups : It's an abnormal spasmodic contractions of the diaphragm. A reflex that results in the classic "hic" sound.

8- Eructation (Belching) is release of gas from stomach or eosophagus through the mouth.

The background of the slide features a light-colored, woven fabric texture. Several tulips are scattered around the text: a yellow one in the top left, a red and white one in the top left, a red and white one in the top right, a yellow one in the bottom right, and a red and white one in the bottom right. Green leaves are also visible.

8- Pain : remember the history\analysis of pain.

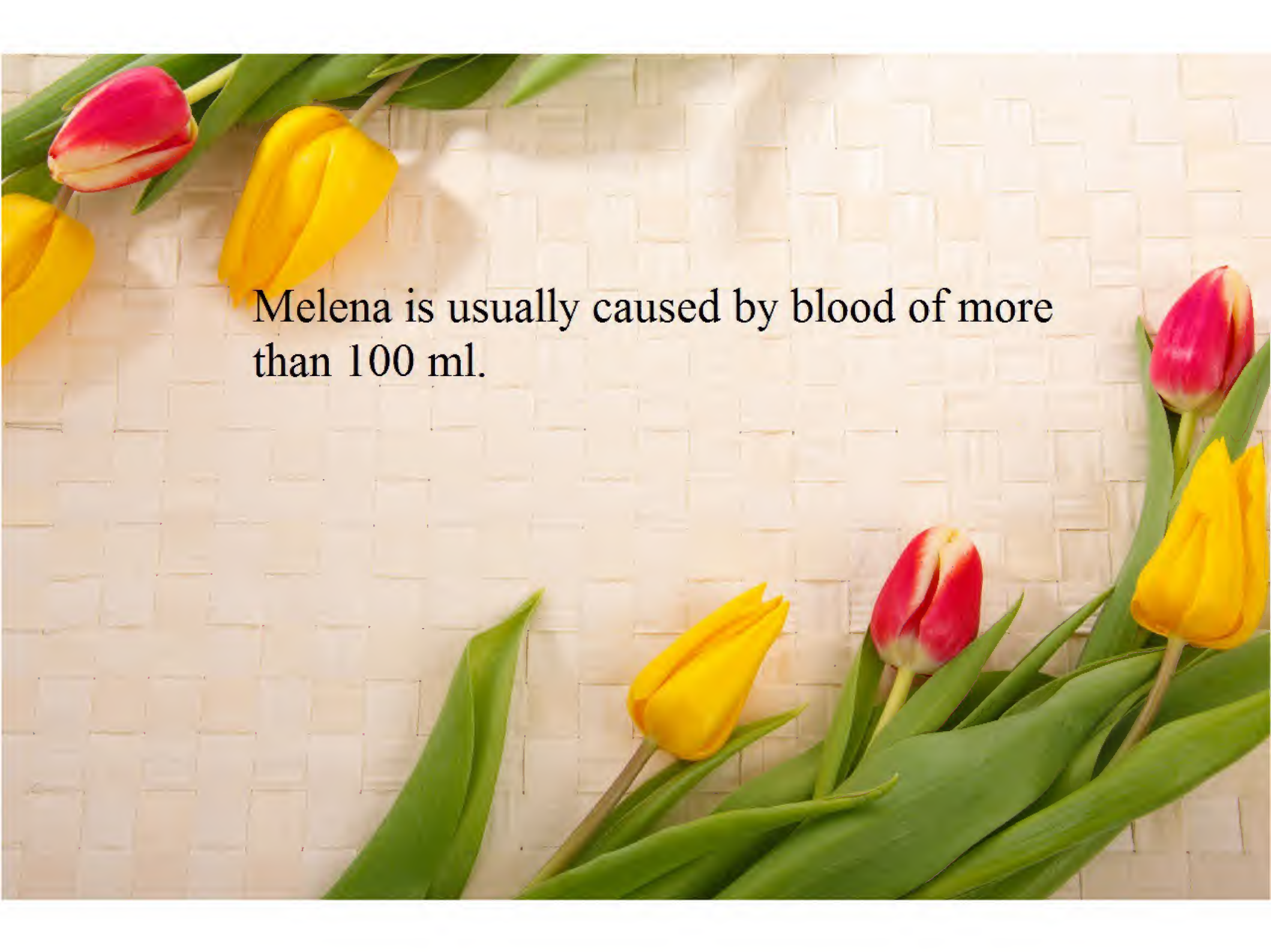
Radiation : usually a biliary pain radiates to the right shoulder, splenic to the left shoulder, pancreatic to the midback, kidney to loin\flank, ureter to groin.

The image features several tulips in shades of yellow and pink with green leaves, arranged around the text on a light-colored, textured background.

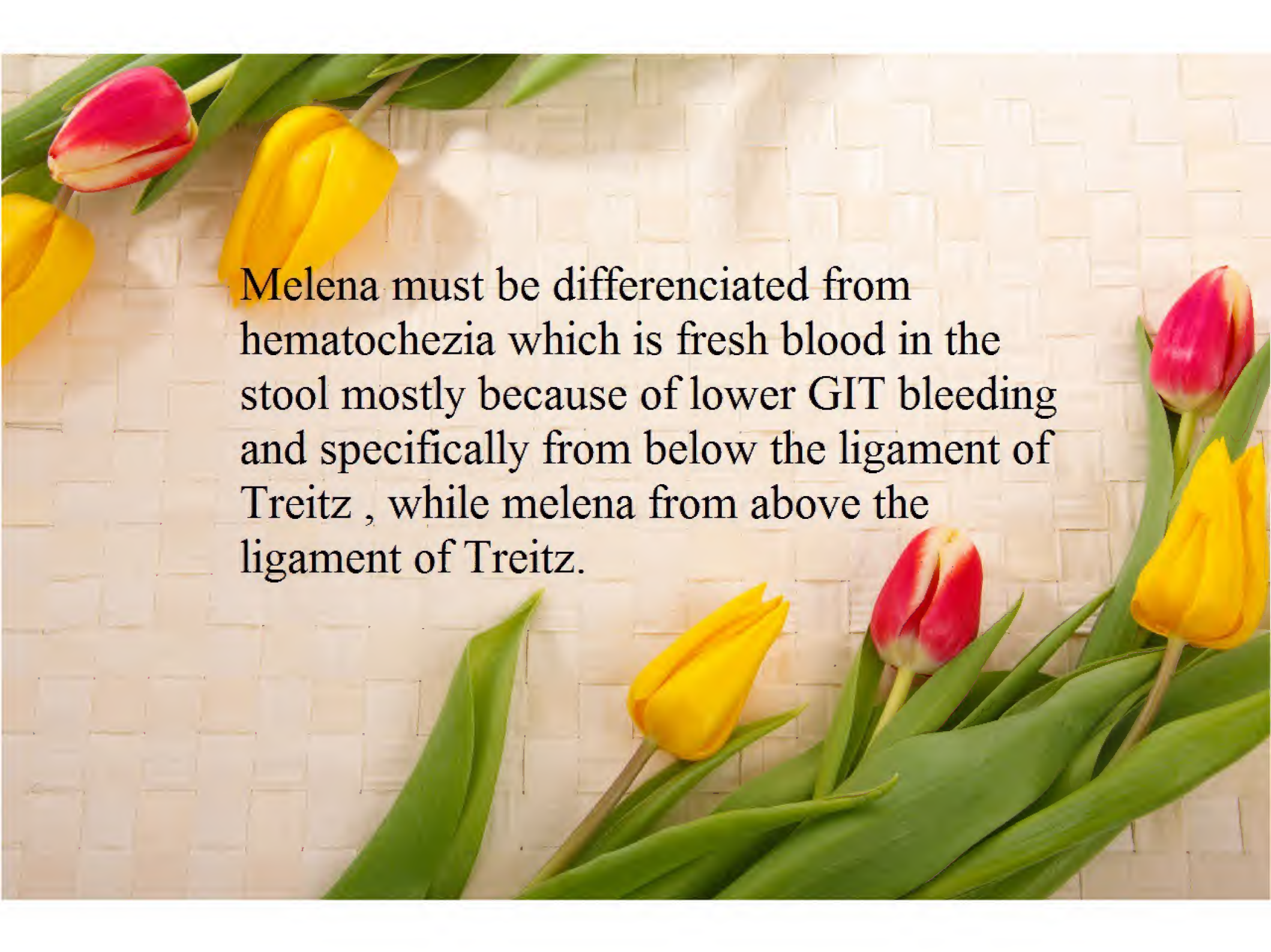
9- Bowel habit :

Consistency and shape of stool ,bulky , pellet or tape like. Specific gravity sink or float (float if there is much fat)

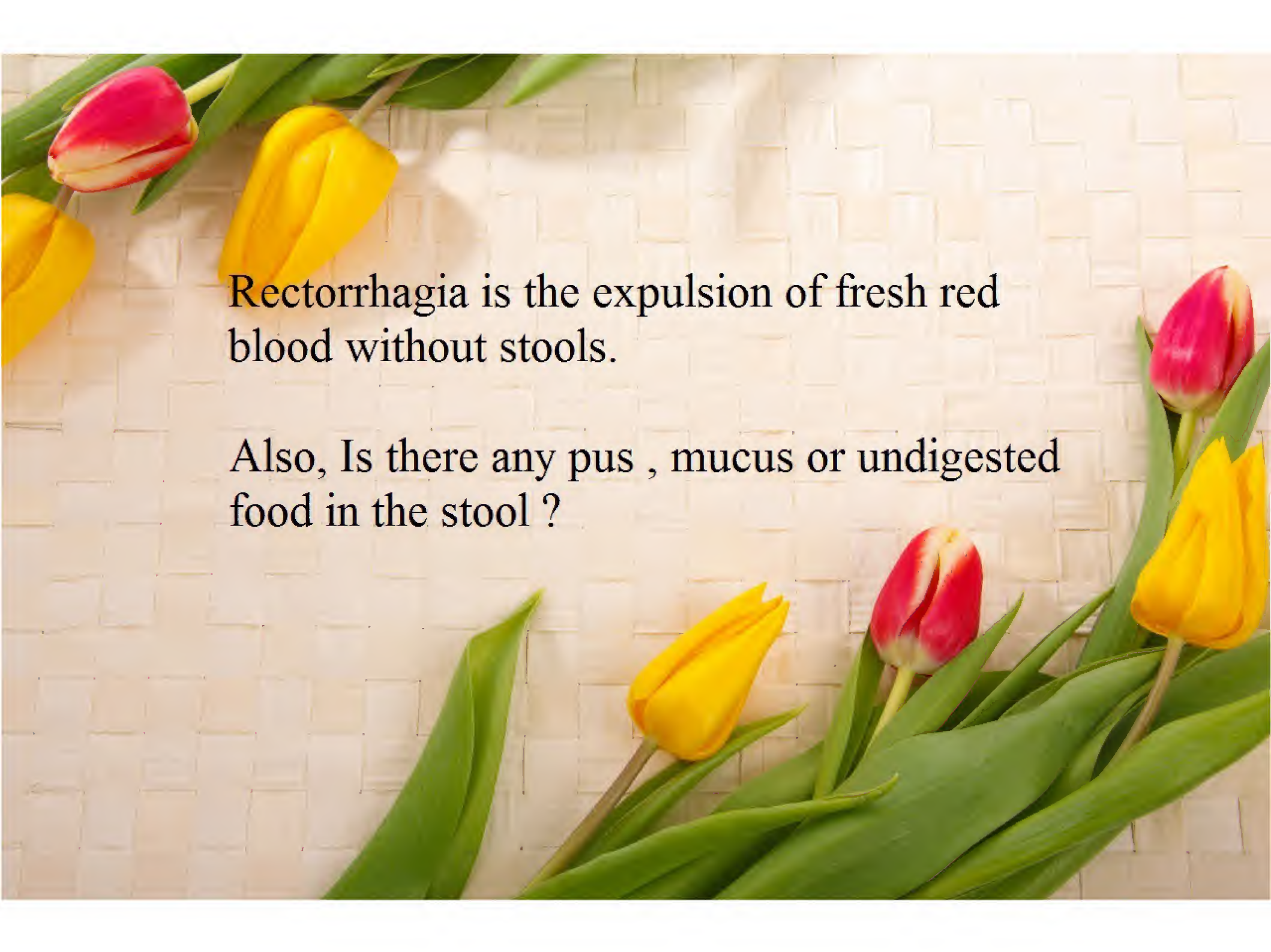
Melena is a black tarry stool associated with GIT bleeding. The black color is caused by the oxidation of iron in heamoglobin.

A decorative background featuring several tulips in shades of yellow and red with green leaves, arranged around a central text area. The background has a light-colored, woven or quilted texture.

Melena is usually caused by blood of more than 100 ml.

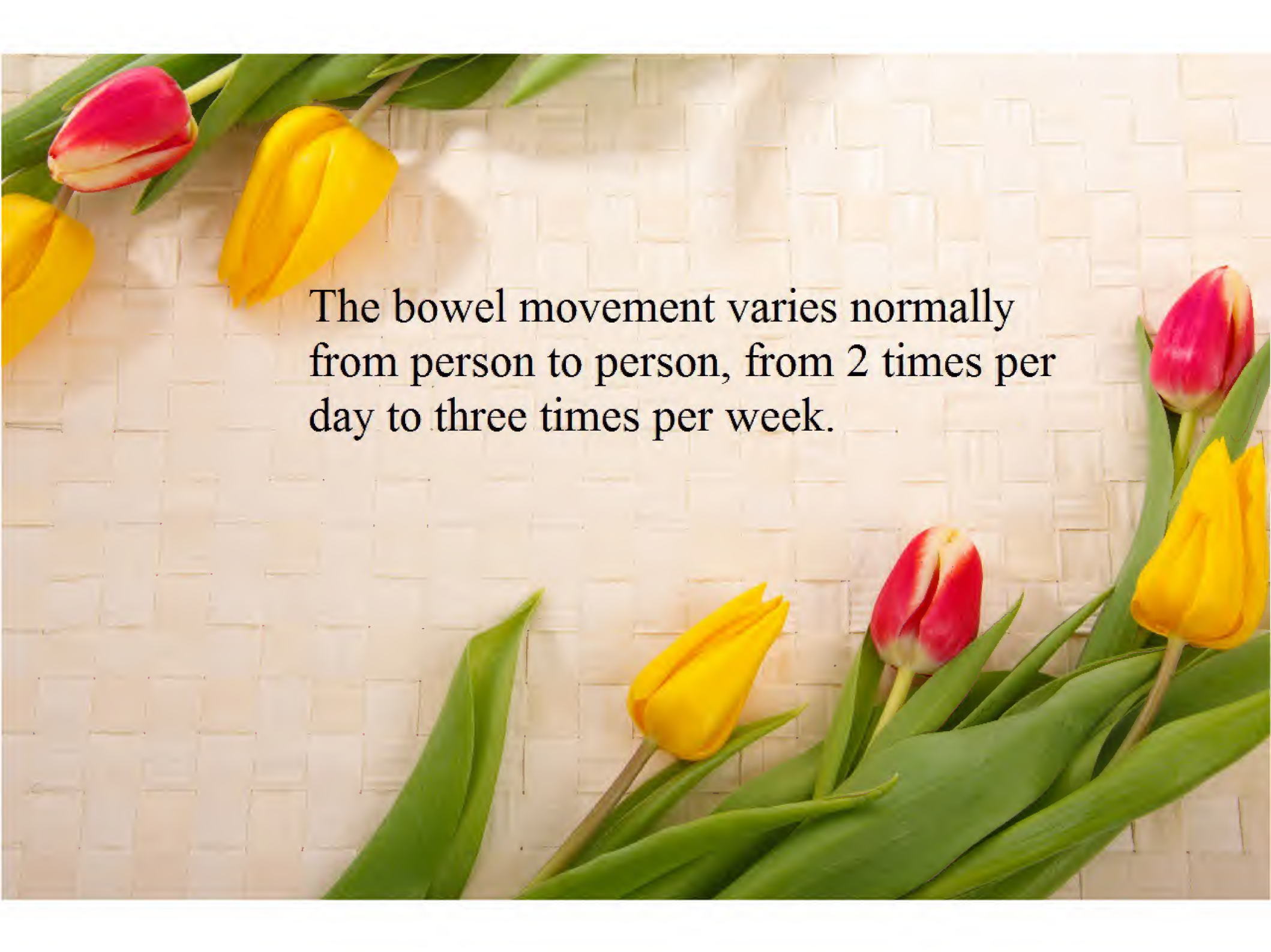
A decorative background featuring several tulips in shades of yellow and pink, scattered across a light-colored, woven fabric surface. The tulips are in various stages of bloom, with some showing vibrant colors and others more muted. The lighting is soft, creating gentle shadows on the fabric.

Melena must be differentiated from hematochezia which is fresh blood in the stool mostly because of lower GIT bleeding and specifically from below the ligament of Treitz , while melena from above the ligament of Treitz.

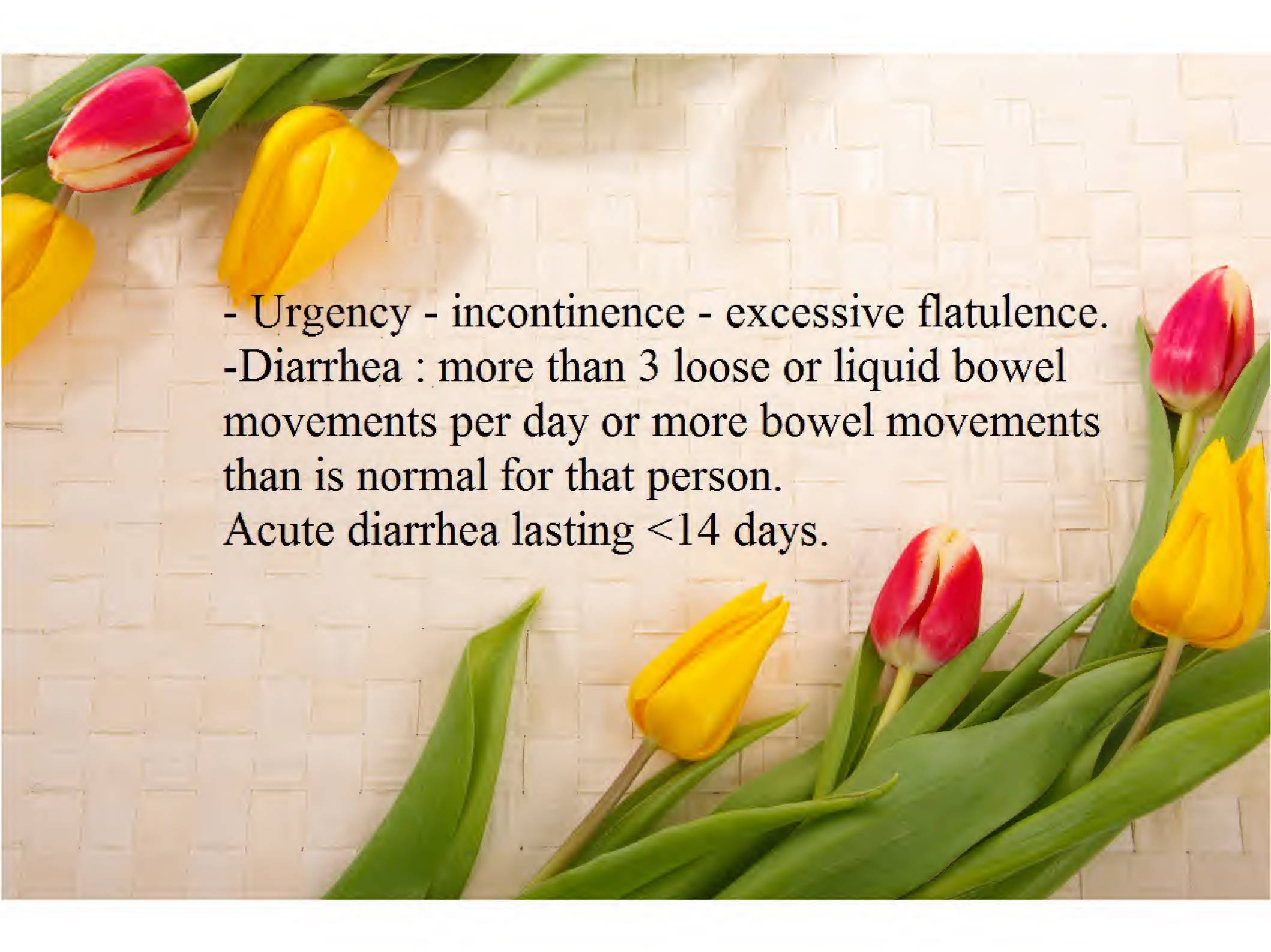
The image features a light-colored, woven-texture background. Several tulips are scattered around the edges: a red and white striped tulip in the top left, a yellow tulip in the top left, a red and white striped tulip in the top right, a yellow tulip in the bottom right, and a yellow tulip in the bottom center. Green tulip leaves are also visible.

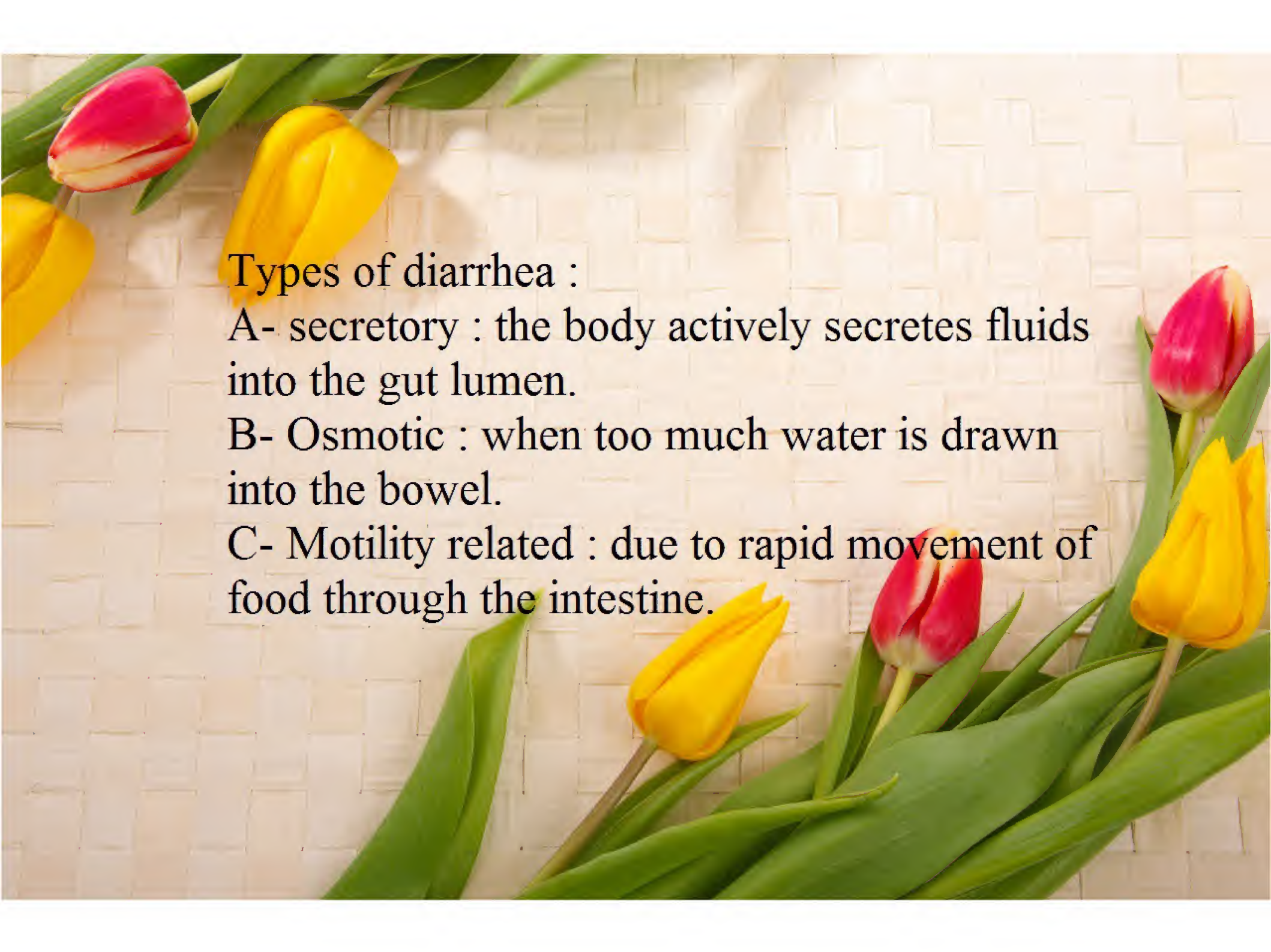
Rectorrhagia is the expulsion of fresh red blood without stools.

Also, Is there any pus , mucus or undigested food in the stool ?

A decorative background featuring several tulips in shades of yellow and pink, scattered across a light-colored, woven fabric surface. The tulips are in various stages of bloom, with some showing vibrant yellow petals and others displaying pink and white variegated patterns. Their green leaves are long and pointed, adding to the natural aesthetic of the scene.

The bowel movement varies normally
from person to person, from 2 times per
day to three times per week.

- 
- The image features a light-colored, woven-texture background. Several tulips are scattered around the edges: a yellow one in the top left, a red and white striped one in the top left, a yellow one in the bottom center, a red and white striped one in the bottom center, and a yellow one in the bottom right. The text is centered in the middle of the image.
- Urgency - incontinence - excessive flatulence.
 - Diarrhea : more than 3 loose or liquid bowel movements per day or more bowel movements than is normal for that person.
- Acute diarrhea lasting <14 days.

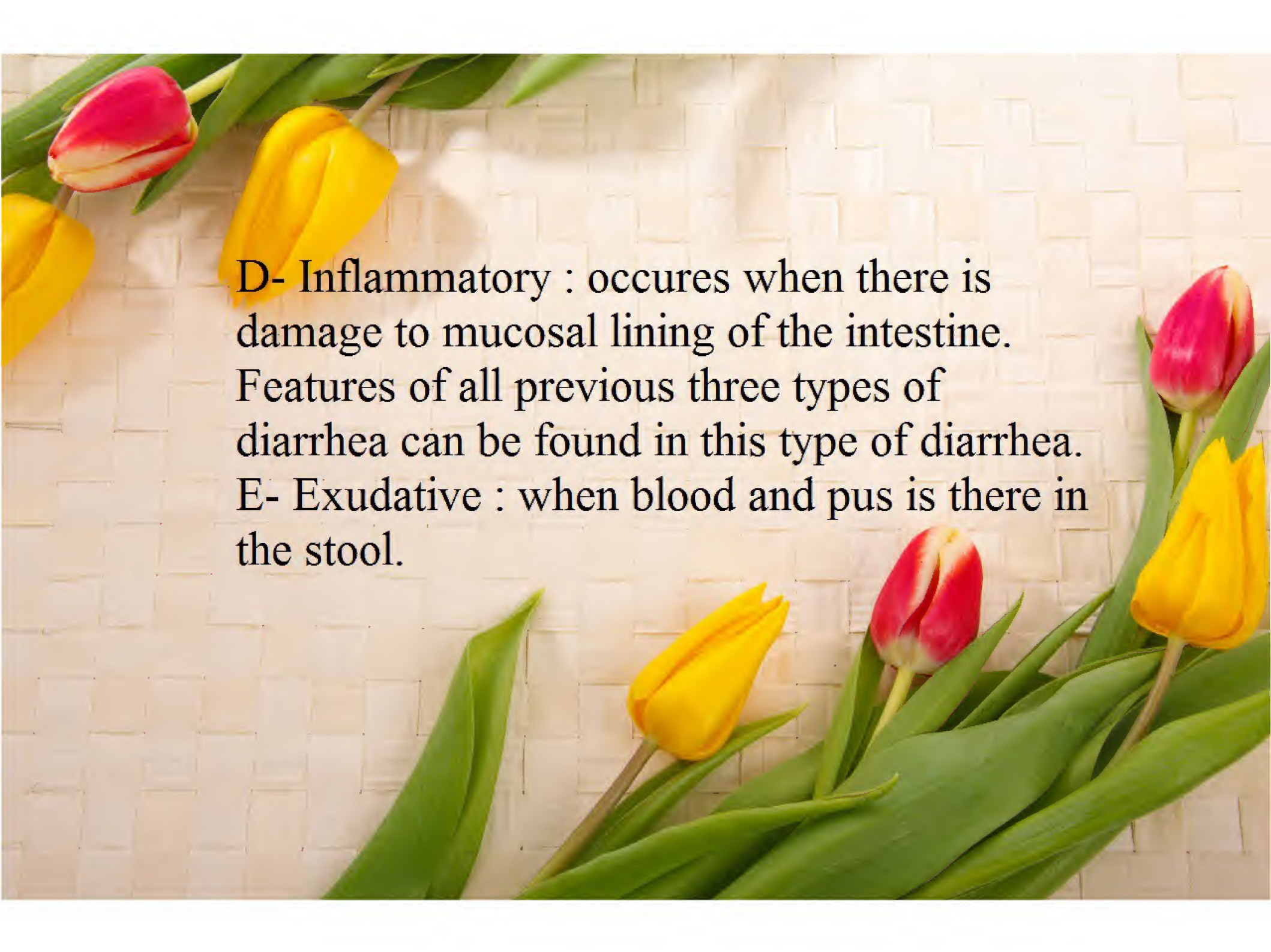
The background of the slide features a light-colored, woven basket-weave texture. Several tulips are scattered around the text: a yellow one in the top left, a red and white striped one in the top left, a yellow one in the bottom center, a red and white striped one in the bottom center, and a yellow one in the bottom right. Green tulip leaves are also visible.

Types of diarrhea :

A- secretory : the body actively secretes fluids into the gut lumen.

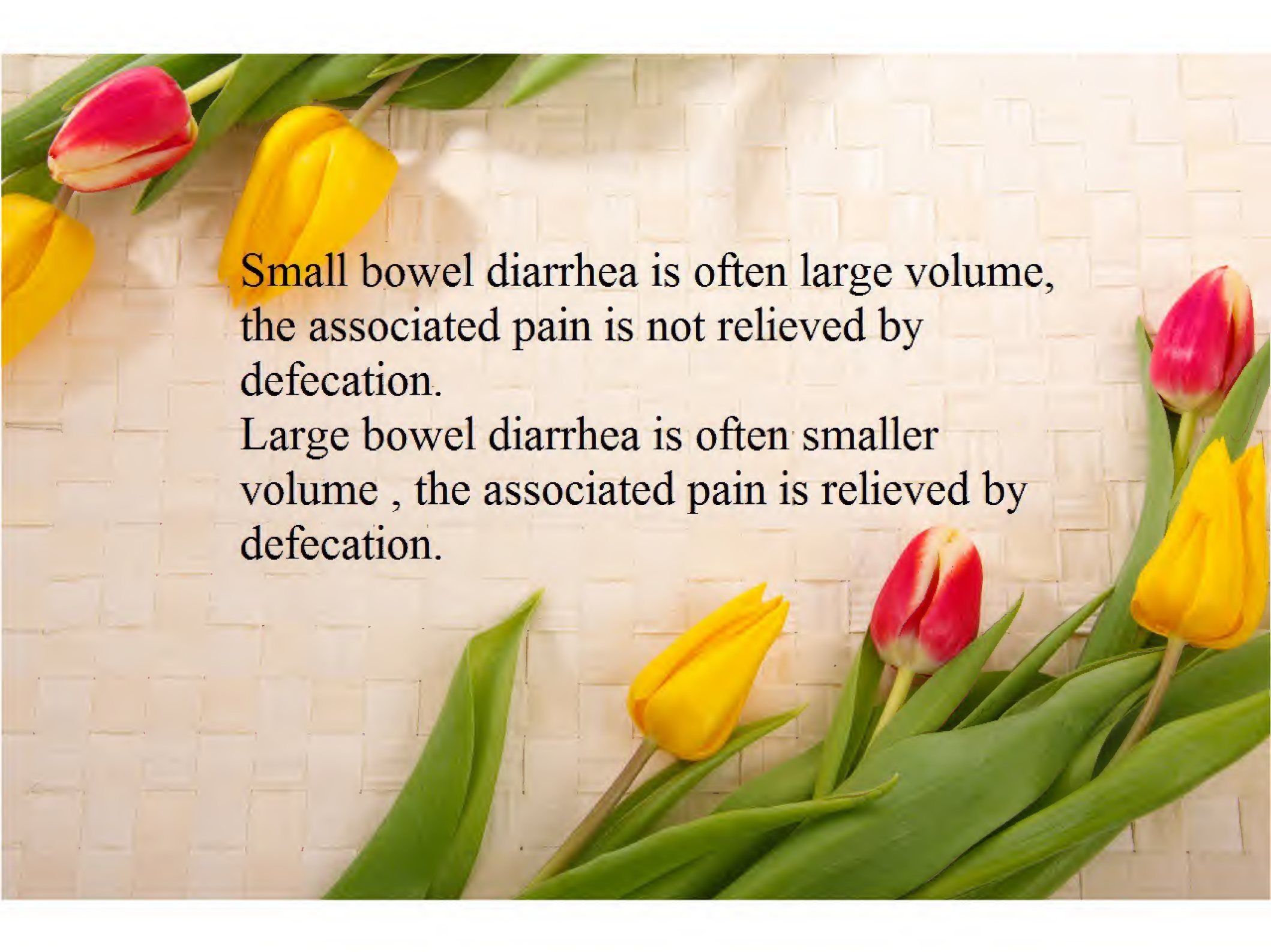
B- Osmotic : when too much water is drawn into the bowel.

C- Motility related : due to rapid movement of food through the intestine.

The image features a light-colored, woven-texture background. Several tulips are scattered around the text: a yellow one in the top left, a red and white striped one in the top left, a yellow one in the bottom center, a red and white striped one in the bottom center, and a yellow one in the bottom right. The text is centered in the middle of the image.

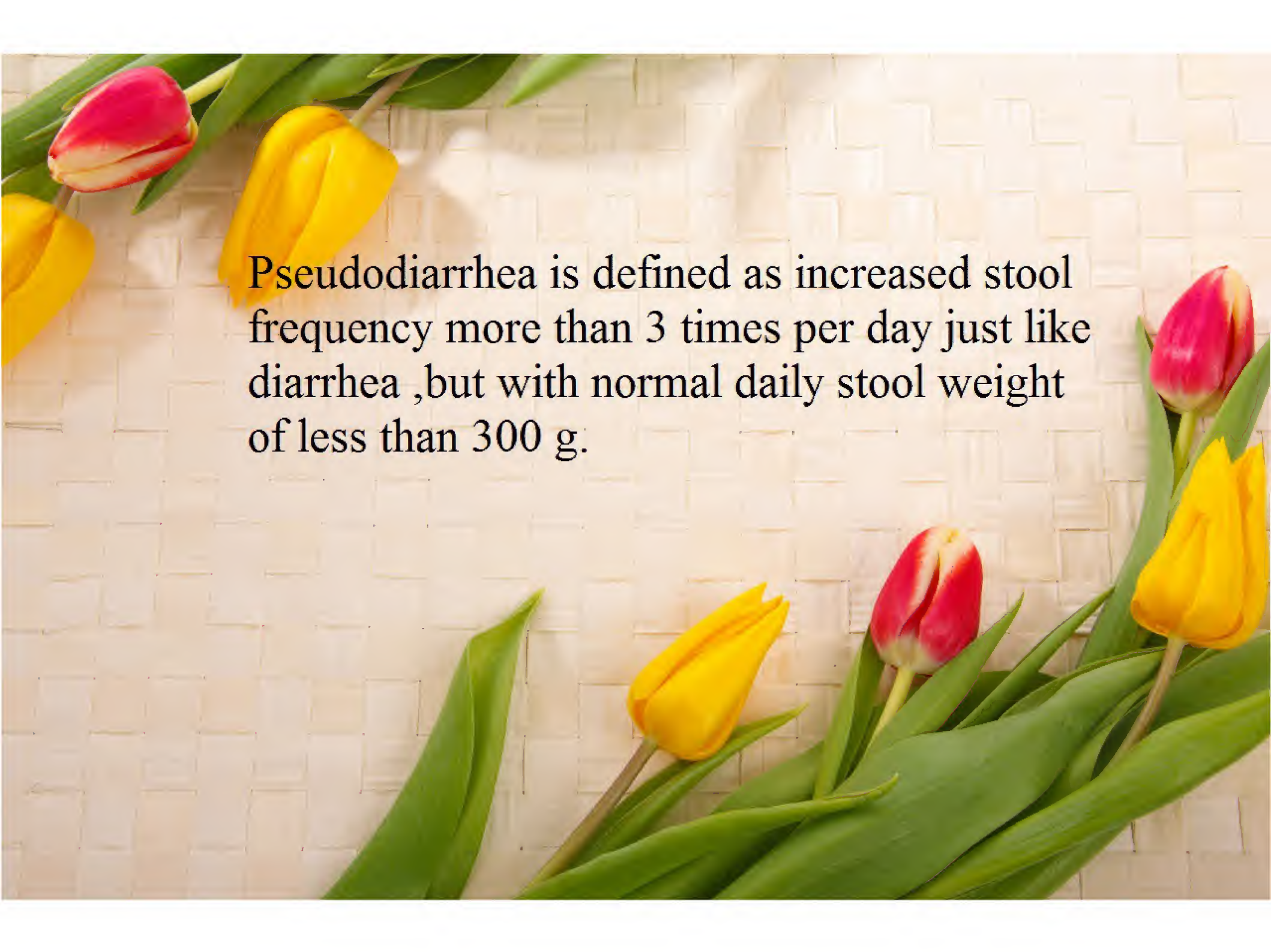
D- Inflammatory : occurs when there is damage to mucosal lining of the intestine. Features of all previous three types of diarrhea can be found in this type of diarrhea.

E- Exudative : when blood and pus is there in the stool.

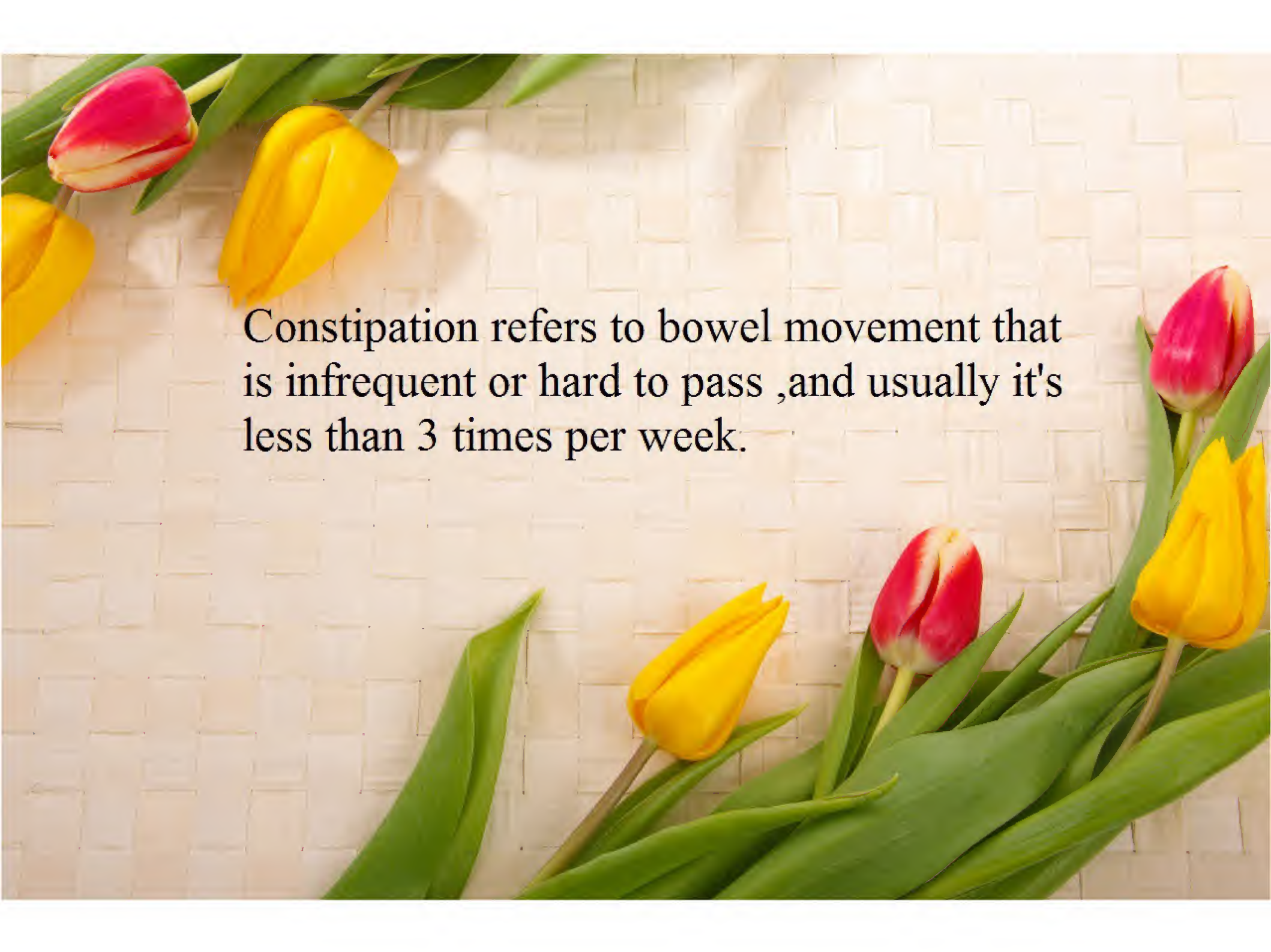
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Small bowel diarrhea is often large volume,
the associated pain is not relieved by
defecation.

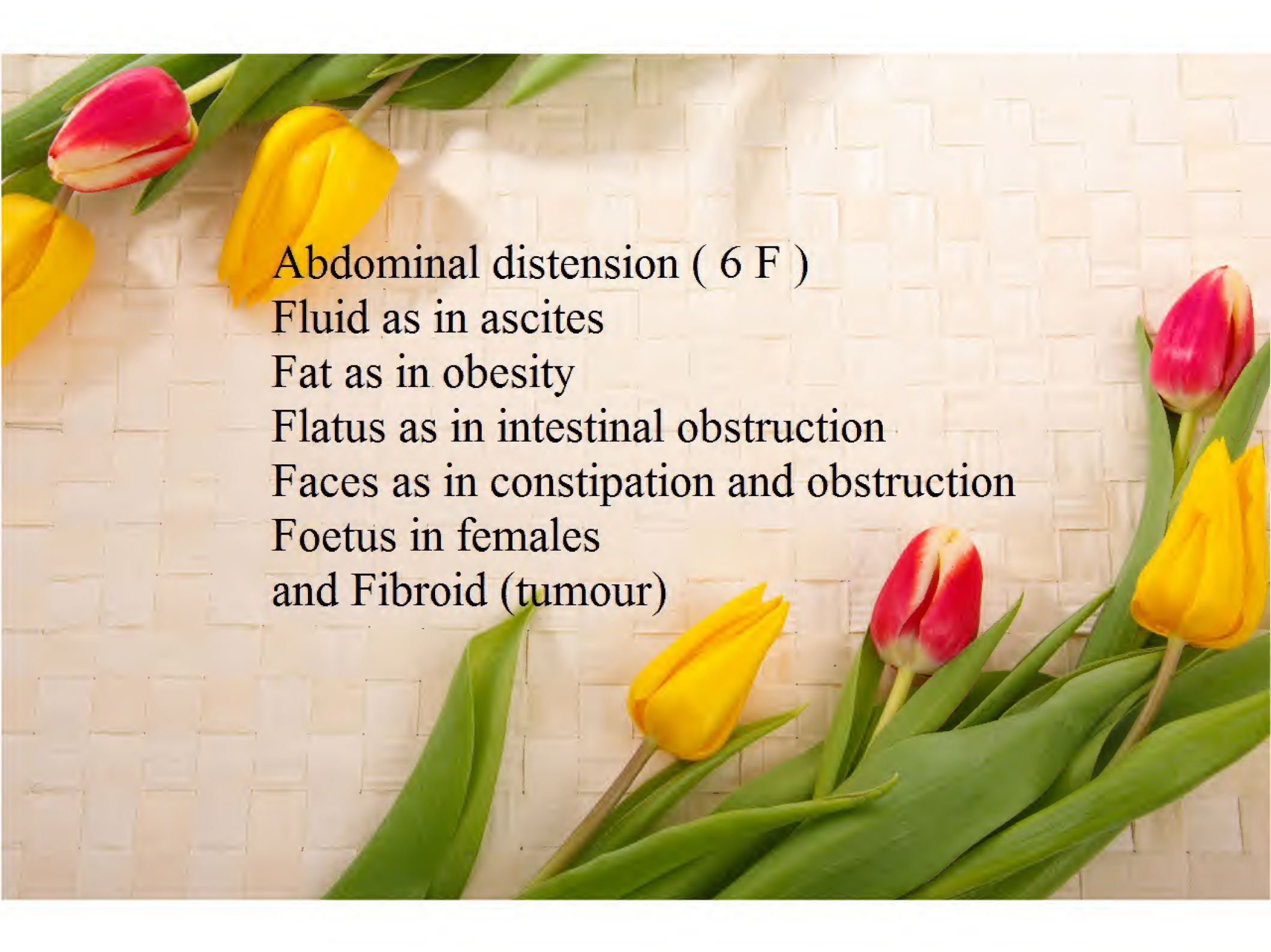
Large bowel diarrhea is often smaller
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Pseudodiarrhea is defined as increased stool frequency more than 3 times per day just like diarrhea ,but with normal daily stool weight of less than 300 g.

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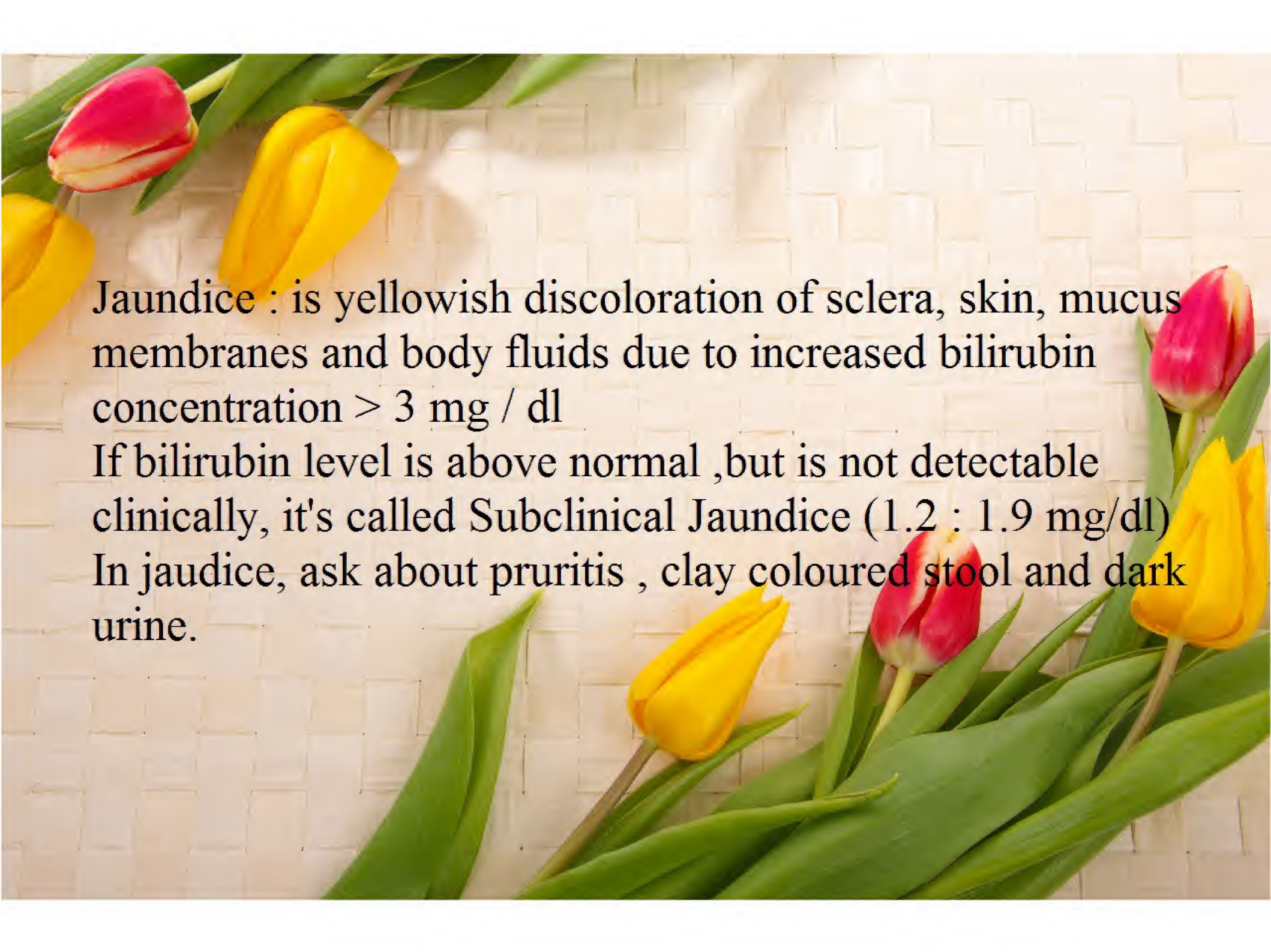
Constipation refers to bowel movement that is infrequent or hard to pass ,and usually it's less than 3 times per week.

The image features a collection of tulips in shades of yellow and pink, scattered across a light-colored, woven fabric background. The tulips are in various stages of bloom, with some showing vibrant yellow petals and others displaying a mix of yellow and pink. The green leaves of the tulips are also visible, adding to the natural aesthetic of the scene.

Abdominal distension (6 F)
Fluid as in ascites
Fat as in obesity
Flatus as in intestinal obstruction
Faces as in constipation and obstruction
Foetus in females
and Fibroid (tumour)

The image features a light-colored, woven-texture background. Several tulips are scattered across the frame: a yellow tulip in the top left, a red and white tulip in the top left, a yellow tulip in the bottom center, a red and white tulip in the bottom center, and a yellow tulip in the bottom right. The tulips have green leaves and stems.

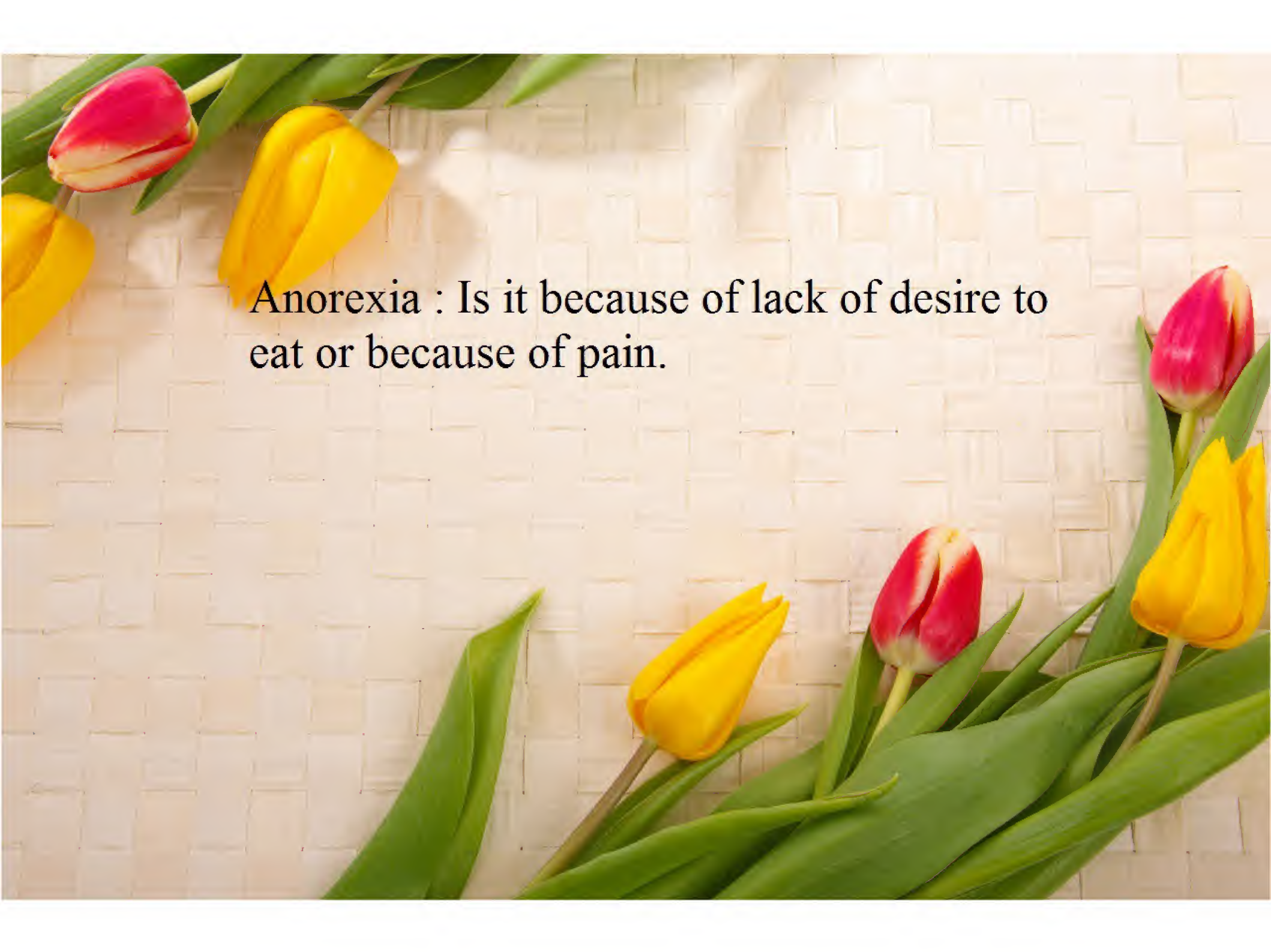
Rectal tenesmus is simply called tenesmus and it is feeling of incomplete defecation accompanied by involuntary straining.

A decorative background featuring several tulips in shades of yellow and pink, scattered across a light-colored, woven fabric surface. The tulips are in various stages of bloom, with some fully open and others as buds. Their green leaves are also visible, adding to the natural aesthetic of the slide.

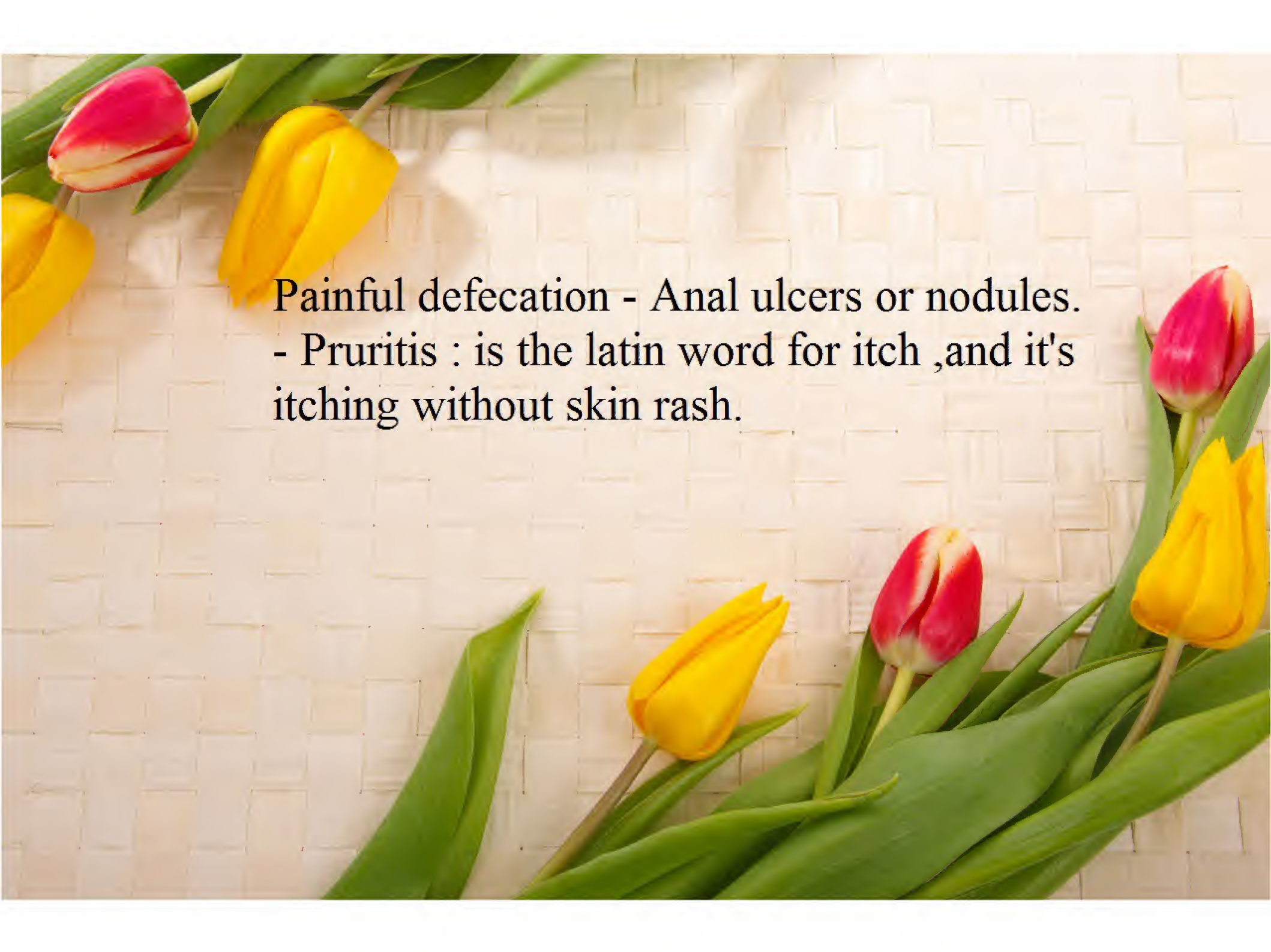
Jaundice : is yellowish discoloration of sclera, skin, mucus membranes and body fluids due to increased bilirubin concentration $> 3 \text{ mg / dl}$

If bilirubin level is above normal ,but is not detectable clinically, it's called Subclinical Jaundice (1.2 : 1.9 mg/dl)

In jaundice, ask about pruritis , clay coloured stool and dark urine.

A photograph of several tulips in shades of yellow and red, scattered across a light-colored, woven fabric background. The tulips are in various stages of bloom, with some showing vibrant yellow petals and others having red and white variegated petals. Green leaves are also visible, extending from the stems of the flowers.

Anorexia : Is it because of lack of desire to eat or because of pain.

The image features a light-colored, woven-texture background. Several tulips are scattered around the edges: a red and yellow tulip in the top left, a yellow tulip in the top center, a red and yellow tulip in the top right, a yellow tulip in the bottom left, a red and yellow tulip in the bottom center, and a yellow tulip in the bottom right. The tulips have green leaves and stems.

Painful defecation - Anal ulcers or nodules.
- Pruritis : is the latin word for itch ,and it's
itching without skin rash.

3- Urinary tract :

1- Pain : Loin pain, Suprapubic pain, Deep perineum pain ... etc

2- Symptoms of lower urinary tract inflammation.

A -Dysuria : pain passing urine

B- Frequency : passing urine more often. (without increase in urine volume.)



- C- Precipitancy = urgency , it's inability to hold urine.
It's not necessarily associated with urinary incontinence.
- D- Supra pubic pain.
- E- Urethral discharge



Obstructive urinary symptoms :

- Hesitancy , it's a delay to start passing urine.
- Strangury, inability to pass urine.
- Small caliber stream, it's a narrow and thinned stream.
- Intermittency, it's interrupted micturation.
- Straining, it's using abdominal muscles to urinate.
- Urinary tenesmus. - Dribbling. - Weak stream.
- Incontinence (overflow incontinence)



Strangury is painful frequent urination of small volumes with straining.



Symptoms of urethral sphincter dysfunction :

- Retention
- Incontinence , it's involuntary passing of urine.
- Urgency



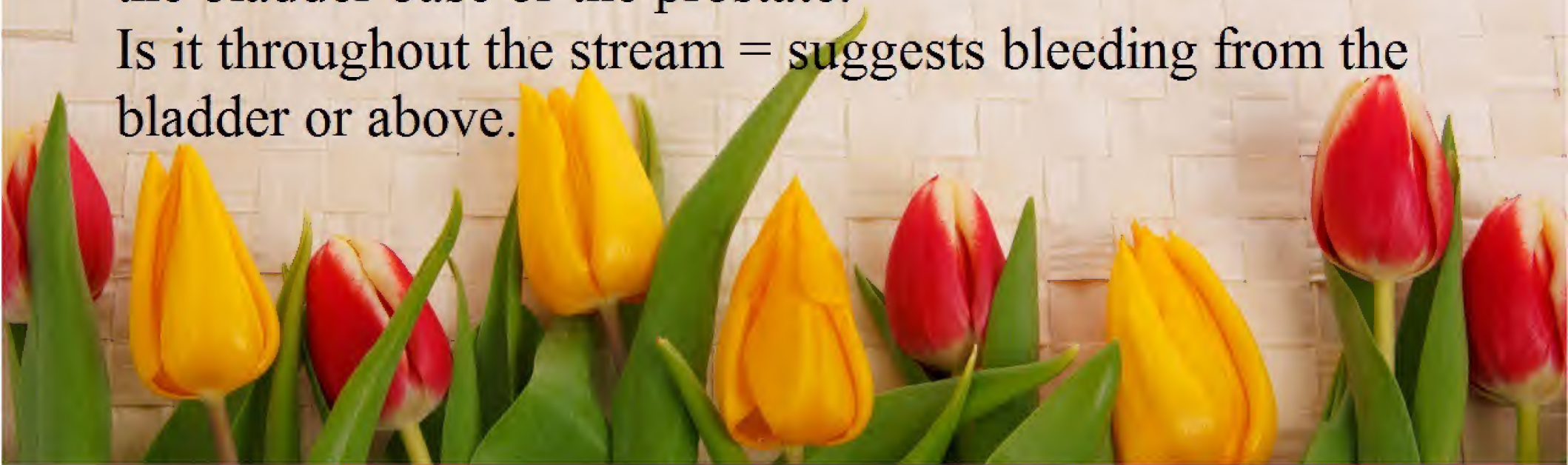
Changes in color of urine :

1- Blood : It's better to say red urine and not hematuria.

Is it at the beginning of the urine stream = suggests bleeding from the urethra.

Is it at the end of the stream = suggests a bleeding from the bladder base or the prostate.

Is it throughout the stream = suggests bleeding from the bladder or above.



other colors :

2- red to brown

3- orange to brown

4- brown to black

5- Tubid or cloudy



Urine volume :

- Polyuria , it's passing larger volumes of urine than normal.

More than 3L/24h

- Nocturia , passing urine during night.

- Oliguria is urine output of less than 500 ml/day or 20ml/h.

- Anuria is urine output of less than 100 ml/day or 4ml/h



Polyuria can be mentioned in more than one system review. When presenting the history mention it at the first system you talk about in your history. You can repeat its mentioning if it was too important to do that.



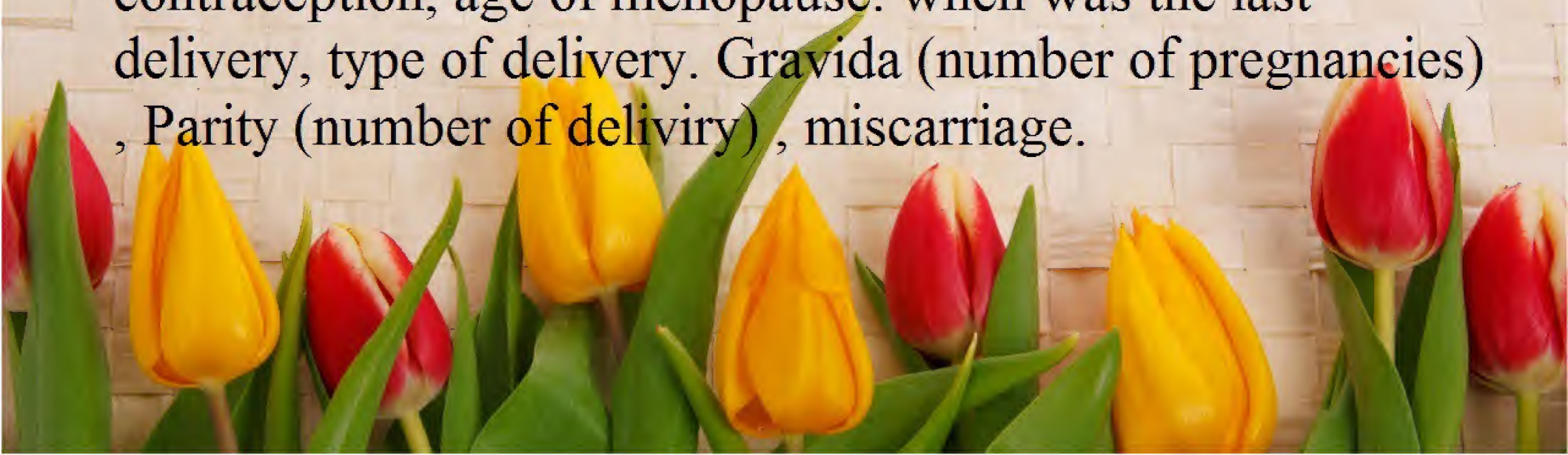
Types of incontinence:

- 1- Stress incontinence, due to increased abdominal pressure more than urethral pressure like in coughing.
- 2- Urge incontinence, due to detrusor muscle overactivity
- 3- Overflow, when there is urine retention.
- 4- continual incontinence , when there is continuous leak all times.



Genital :

- Male : priapism (prolonged painful erection) pain , ulcer , rash, scrotal swelling.
- Female : age at menarche, date of last menstrual period, amount of bleeding, period irregularity, discharge, ulcer rash, pain , ask lactating or not, contraceptive use , type of contraception, age of menopause. when was the last delivery, type of delivery. Gravida (number of pregnancies) , Parity (number of deliviry) , miscarriage.



Last menstrual period , ask when was first day ?

If menopausal woman , assess for associated symptoms like hot flushes, night sweats, history of post menopausal bleeding.



Nervous system :

1- Disturbance of higher cortical functions :

Change in mood (fear, depressed)

Change in behaviour (hyperactive, quietness)

Memory - disorientation of time and place.



2 - Speech : difficulties in understanding written or spoken language. Difficulties in expression.

3 - Headache : (Soda scars care\ Socrates)

Triggering factors e.g. migraine by cheese, chocolate, caffeine.



Character of headache:

Tight band or pressure , in tension headache.

Dull aching or throbbing, in migraine.

In headache ask about straining and cough.



4 - Vertigo : (spinning movement ?)

Vertigo is a subtype of dizziness.

There are three types of vertigo :

A - Objective :

It's when the patient has a sensation that objects around him\her are moving.



B- Subjective : it's when the patient feels as if he or she is moving.

C- Pseudovertigo : It's a sensation of rotation inside the patient's head.

Classification of vertigo :

1- Peripheral : caused by problems with the inner ear or vestibular system.

2- Central : caused by problems with the CNS



-Loss of consciousness

Syncope : How long does the attack last ?

Does he have presyncopal symptoms ?

Did he injure himself ?

-Loss of balance

-Ataxia and unsteady gait

-Sphincter disturbances



In syncope : Ask the following questions :

Do you have any black, tarry bowel movements after the fainting episode?

Do you have heavy periods?



- Fits and seizures : History should be taken from a witness as well as the patient.

Ask about prodromal symptoms (not part of seizure) e.g. change in mood or behaviour.

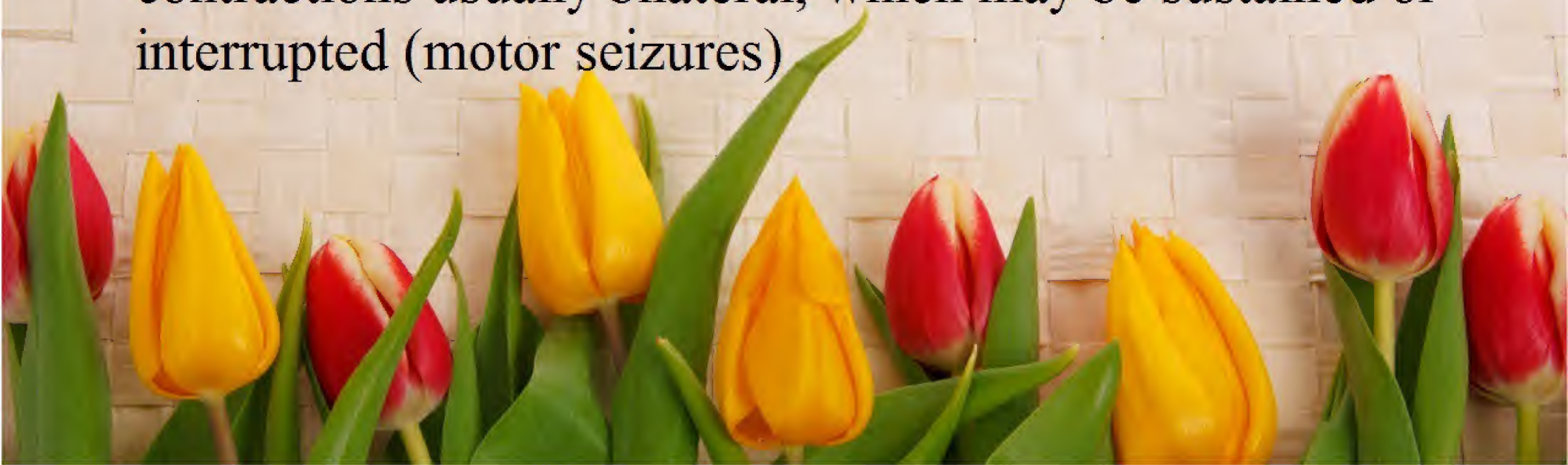
Ask about Aura symptoms (part of seizure) e.g. strange smell, deja vu ...etc

Ask about ictal (during fit) and post ictal (after fit) symptoms.



Definition of Seizures : Seizures are paroxysmal, time limited, involuntary change of motor activity and/or behavior due to abnormal electric activity of the brain.

Definition of convulsions : Excessive abnormal muscle contractions usually bilateral, which may be sustained or interrupted (motor seizures)



From the two previous definitions we conclude that there are :

convulsion seizures

And aconvulsion seizures.



5- Problems with vision :

Visual acuity, dropping of the eyelids, diplopia, photophobia.

Loss of vision , is it sudden or gradual ? monocular or binocular ? painful or painless ? IS it both in day time and night time or night time only ?



6- problems with hearing :

- Deafness

- Intolerance to high-pitched sounds = hyperacusis

- Tinnitus : ringing or buzzing in the ears. It's not a real sound ,but a perception. Usually it's not reported in children. It's intensity varies from time to time.



Any abnormalities in smell and taste.
Any problems with mastication (chewing)
Any problems with swallowing.
Any emotional liability.



Movement and balance disturbances :

- weakness
- Excess fatigue
- muscle cramp (painful spasm)
- Neurogenic claudication
- abnormal movements
- falling down.
- tremor



Tremors are involuntary repetitive movements of a part of the body and they are classified into :

- 1- tremor at rest
- 2- contraction tremor : like a tremor of a tight fist
- 3- posture tremor : e.g. when arms elevated
- 4- Intension tremors : when the fingers approach a target.



What is essential tremor ?

The term 'essential' means that there is no associated disease that causes the tremor.

Essential tremor is a familial condition, that runs in families.



Ask if there is any tremor of the head (titubation)
or tremor of eyelids (blepharoclonus) .



In difficulties maintaining balance don't forget to ask, Is it more in dark or when patient closes his eyes ?



Sensory disturbances :

Tingling = pins and needles

Numbness = sensory loss

Pain

Difficulties handling small objects



Symptoms of autonomic neuropathy :

Fainting, decreased sweating, constipation , urine retention, nocturnal diarrhea.



Haematology :

- 1- Symptoms of anemia : tiredness, weakness, palpitation, breathlessness, tinnitus, dizziness, headache , parasthesiae.
- 2- recurrent infection due to leucopenia.
- 3- lymph node enlargement.



4- symptoms of thrombocytopenia and defective coagulation : bleeding, easy bruising.

5- Blurring of vision, headache and coma due to hyperviscosity.

6- bleeding from any orifice.



Locomotor system :

1- Joints : Ask about pain, stiffness (It can be a symptom and/or a sign) Duration of stiffness, swelling, redness, increase in temperature over the joint. Any joint deformity. Is the joint problems persistent or migratory (one joint subsides ,another is attacked)



2- Jaw claudication : pain on chewing.

3- Muscles : pain, swelling, weakness.

cramp (is an involuntary temporary strong muscle contraction)



4- Back pain : it's one of the most common symptoms in medical outpatients.

5- Sole pain on walking or standing.

Impaction on daily living is important. Is the patient able to wash and dress without difficulty ? IS the patient able to climb up and down the stairs ? Does he use joint splints to assist him ?



Ask about any important activity the patient is
unable to do, that he wants to do.



Endocrine:

- Body size and shape : size of shoes, gloves, rings, truncal obesity, eye protrusion, neck (thyroid) swelling.
- symptoms due to swelling : dysphagia, loss of visual fields.
- Metabolic effects : weakness, muscle pain, polydipsia (excessive thirst) , alopecia, tremor, palpitation, anxiety, decrease or increase in appetite, hot or cold intolerance, weight gain or loss, increase or decrease in sleeping hours.

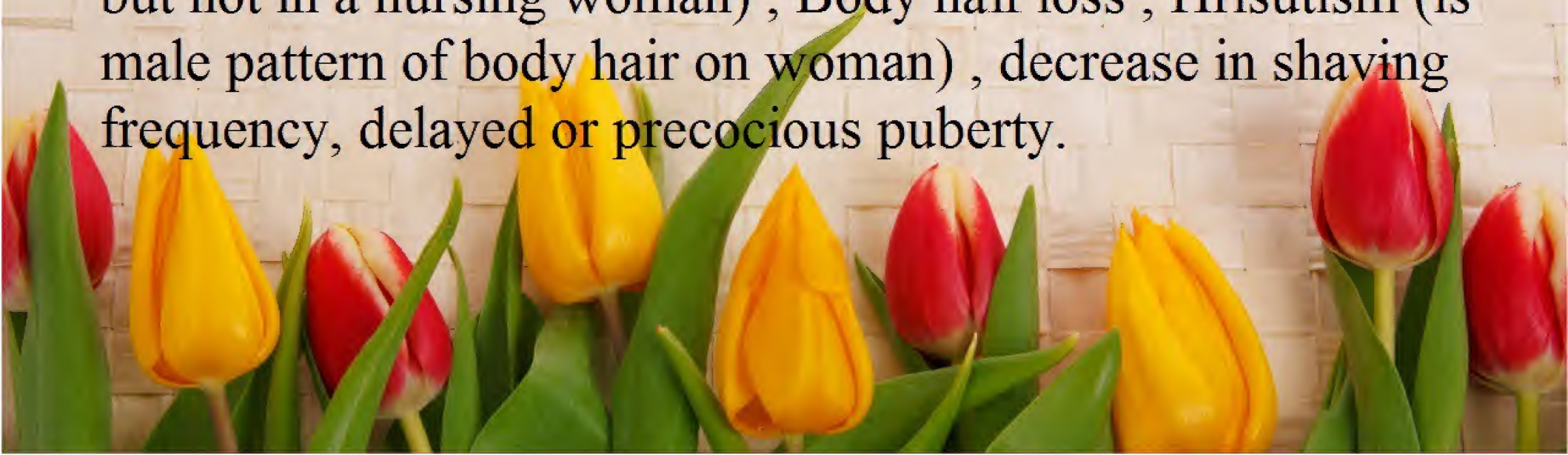


Endocrine reproduction symptoms :

amenorrhoea\oligomenorrhoea, menorrhagia (blood loss $> 80\text{ml}$ and\or of duration longer than 7 or 8 days)

Menometrorrhagia = menorrhagia + irregularity in time.

Impotence, Gynaecomastia (is benign enlargement of breast tissue in males) , Galactorrhoea (is milk flow from the breast but not in a nursing woman) , Body hair loss , Hirsutism (is male pattern of body hair on woman) , decrease in shaving frequency, delayed or precocious puberty.



Skin endocrine symptoms :

Increase or decrease in pigmentation, dry rough skin,
increase sweating, flushing.




Skin :

Change in color, rash, flushes , dryness, itching, callosities, easy bruising, easy bleeding, loss of hair, premature graying, hair thinning, nail changes , acne.

In rash, ask is it flat or raised above the skin ? Is it painful ? Is there any history of insect bites ? Contact with people with skin disorders ? Does the itching involve the eyes ?



The image features a light-colored, woven-texture background. Several tulips are scattered around the edges: a red and white tulip in the top left, a yellow tulip in the top left, a red and white tulip in the top right, a yellow tulip in the bottom right, a red and white tulip in the bottom right, and a yellow tulip in the bottom left. The text is centered in the middle of the image.

Now we have completed the review of
systems. Ask the patient : Anything else ?

Past medical history :

- Major illness : record any significant illness. List more recent diseases first. Is it the first attack of the disease or not ? (some doctors prefer that you mention this in the analysis of chief complaint) . Ask about treatment with dosage.



- Previous admissions : Why ? When ?
Mention the name doctor.

-Follow up in the clinic : When was the last visit ?
regular or iirregular visits ?

-Health maintainance like regular self examination or
rotine pap smear.



- Any previous investigations.
- Immunization history.



Obstetric history :

Gender of children and their birth weight. Type of delivery. Any pregnancy complications. Did she breast feed her baby ? Miscarriages (In what month they occurred ?) spontaneous or induced ?



Past surgical history :

Any previous surgery including dental procedures.

Complications of anaesthesia or surgery e.g. DVT ,
bedsores. How many days the patient stayed in hospital ?

Ask about wound healing.

Time and place accident

Previous bone marrow aspiration



Drug history : Native English speakers use the word 'medicines'. Please do not ask "Do you take drugs ?" as this ask about drug abuse. Ask the patient "Do you take any regular medicines? "

Medical jargon



Drug history :

In medicine , the inquiry about all drugs is important.

In sugery there are some types of drugs that are important. And they are :

1- Antiepileptics : you should inform the anasthetic about the dose taken by the patient.

2- Antihypertensive agents



3- Oral contraceptive pills : They should be stopped 6-8 weeks before elective surgery. In emergency surgery, measures to prevent DVT should be taken.

4- Antidiabetic drugs : They might be changed to insulin before surgery. Appropriate dosage should be calculated.



5- Corticosteroids : You should ask about them even if they were stopped more than 6-12 months back ,because of risk of adrenal crisis. Specific measures should be taken if corticosteroids were taken recently.

Complications of corticosteroids in surgery :

- they increase the risk of infection
- they delay wound healing.



6- Anticoagulants :

Warfarin : It's antidote in acute bleeding is FFP

And It s antidote in elective case is vitamin K

Heparin : Antidote is protamin sulfate. It should be given slowly because each 1 molecule of protamin sulfate binds to approximately 90 molecules of heparin, therefore if given rapidly it gives an anticoagulant effect which exacerbate bleeding.



Aspirin should be stopped 7 days before surgery ,because 7 days is the normal lifespan of platelets.

Ask about allergies. It's important because it concerns the patient's safety.

Some patients may describe a side effect of a drug incorrectly as a drug allergy.



Names of drugs should be mentioned in pharmacological names and not in trade names.

If using inhalers, is there any embarrassment using them, especially in public.

Radiotherapy, blood transfusion and laser photocoagulation should be mentioned



Patients with chronic diseases :
Is the patient afraid from the side effects ?
Is he able to get the drug regularly ?

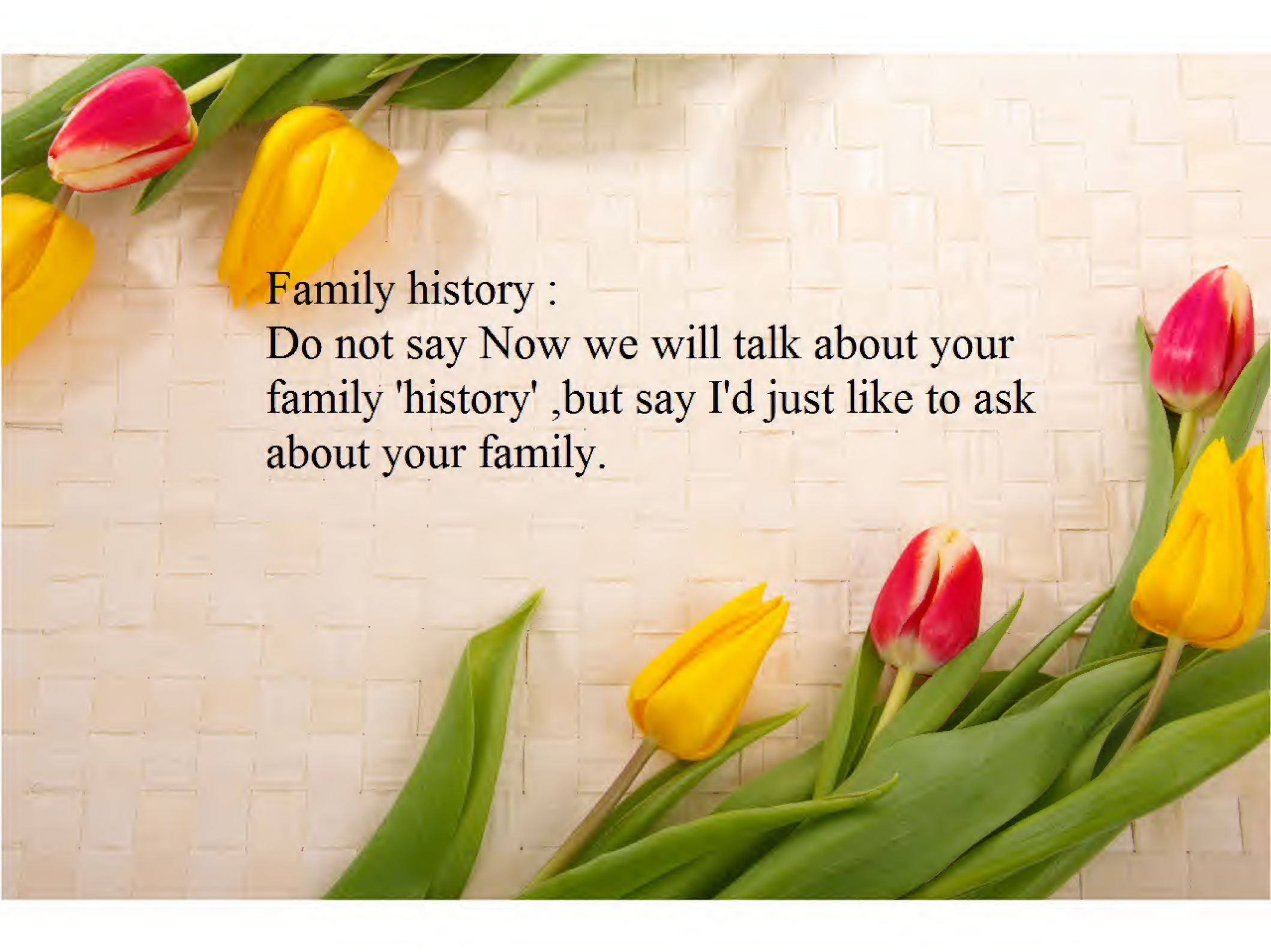


Poor choice of words :

For how many years have you been taking these B-blockers ?

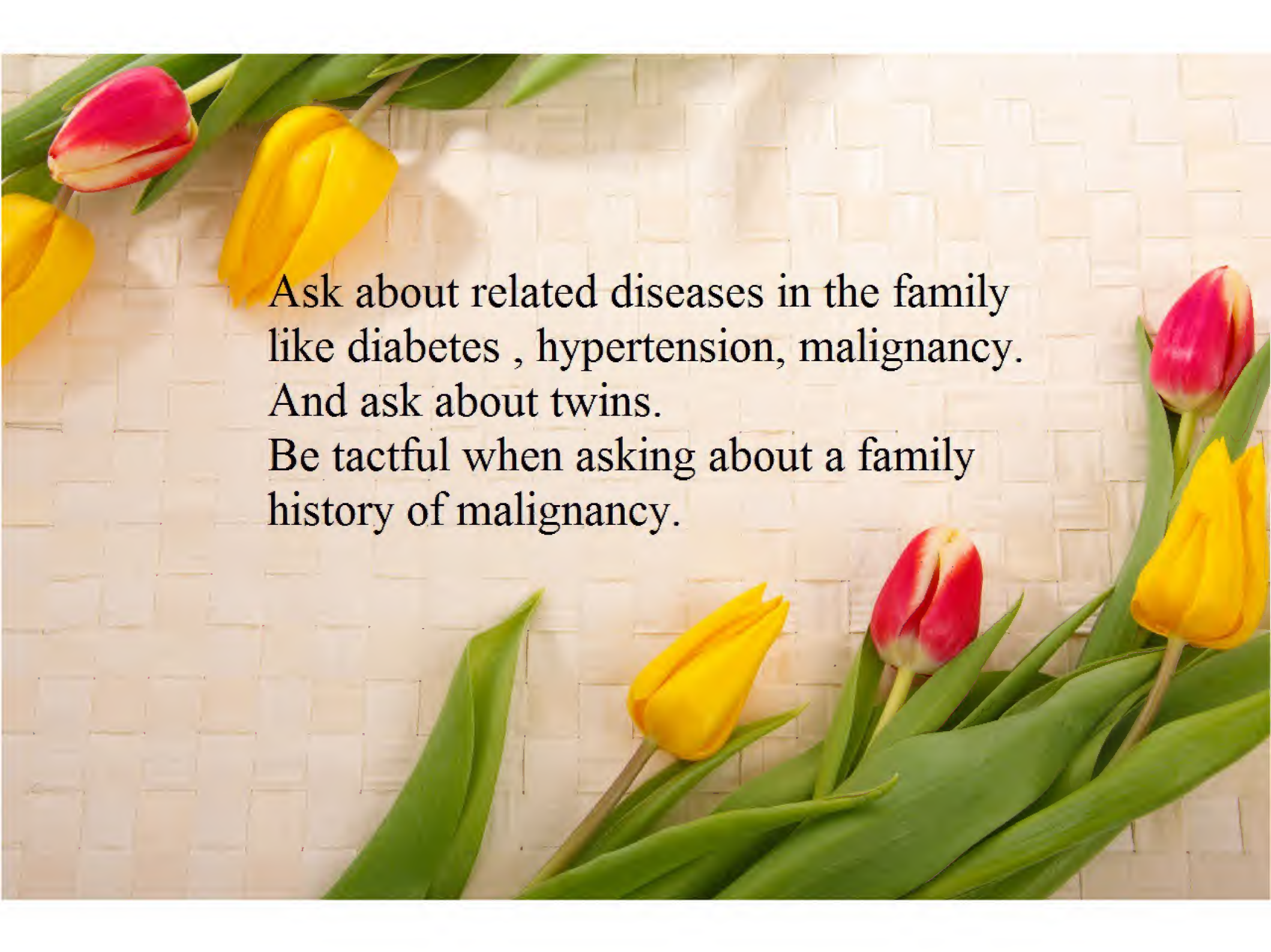
The patient might not understand what B-blockers means.



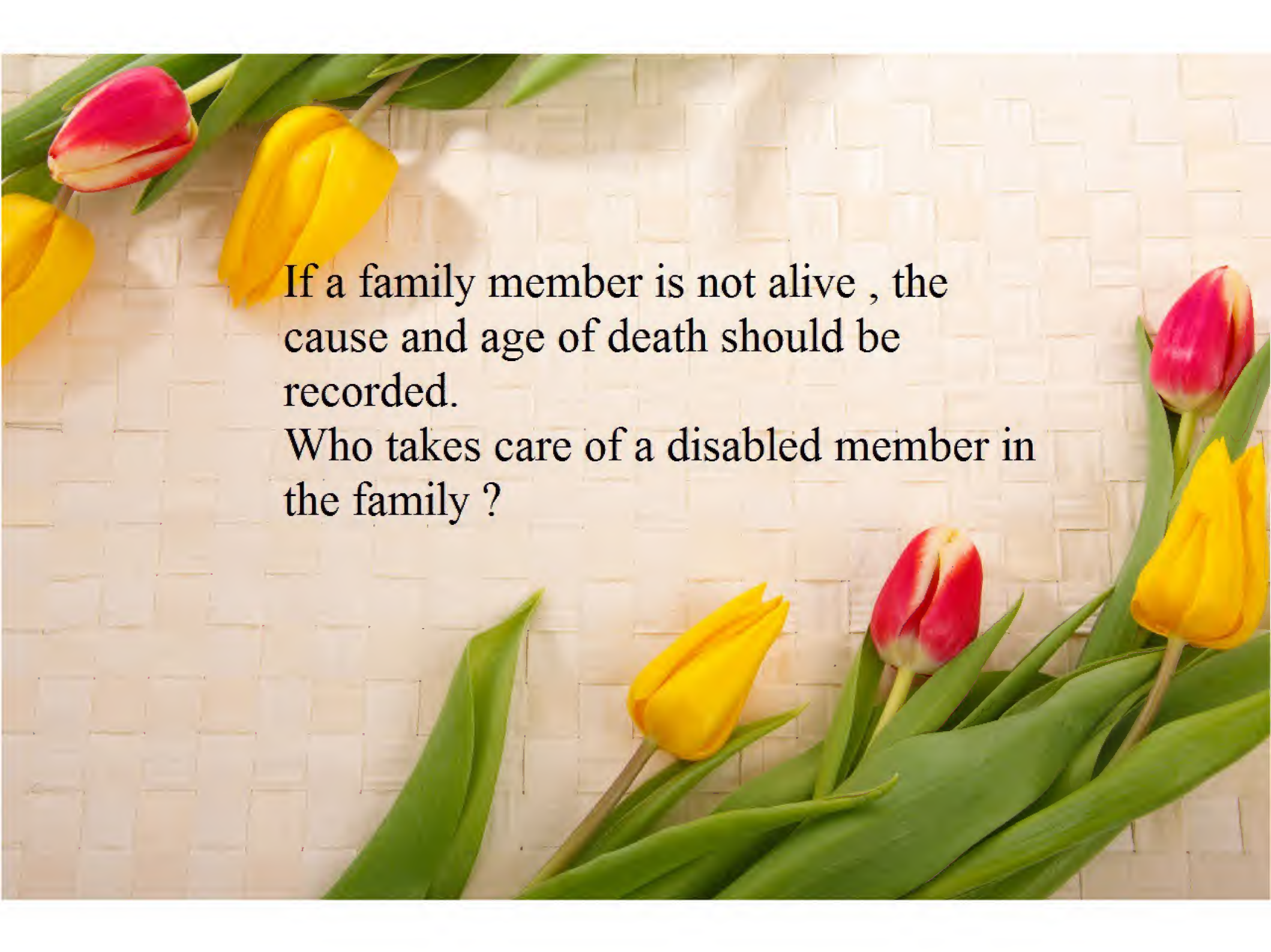
A decorative background featuring several tulips in shades of yellow and pink, scattered across a light-colored, woven fabric surface. The tulips are in various stages of bloom, with some showing vibrant colors and others more muted. The lighting is soft, creating gentle shadows.

Family history :

Do not say Now we will talk about your family 'history' ,but say I'd just like to ask about your family.


The image features a collection of tulips in shades of yellow and pink, scattered across a light-colored, woven-texture background. The tulips are in various stages of bloom, with some showing vibrant yellow petals and others displaying a mix of yellow and pink. Green leaves are also visible, adding to the natural feel of the composition. The text is centered in the middle of the image, overlaid on the woven background.

Ask about related diseases in the family
like diabetes , hypertension, malignancy.
And ask about twins.
Be tactful when asking about a family
history of malignancy.

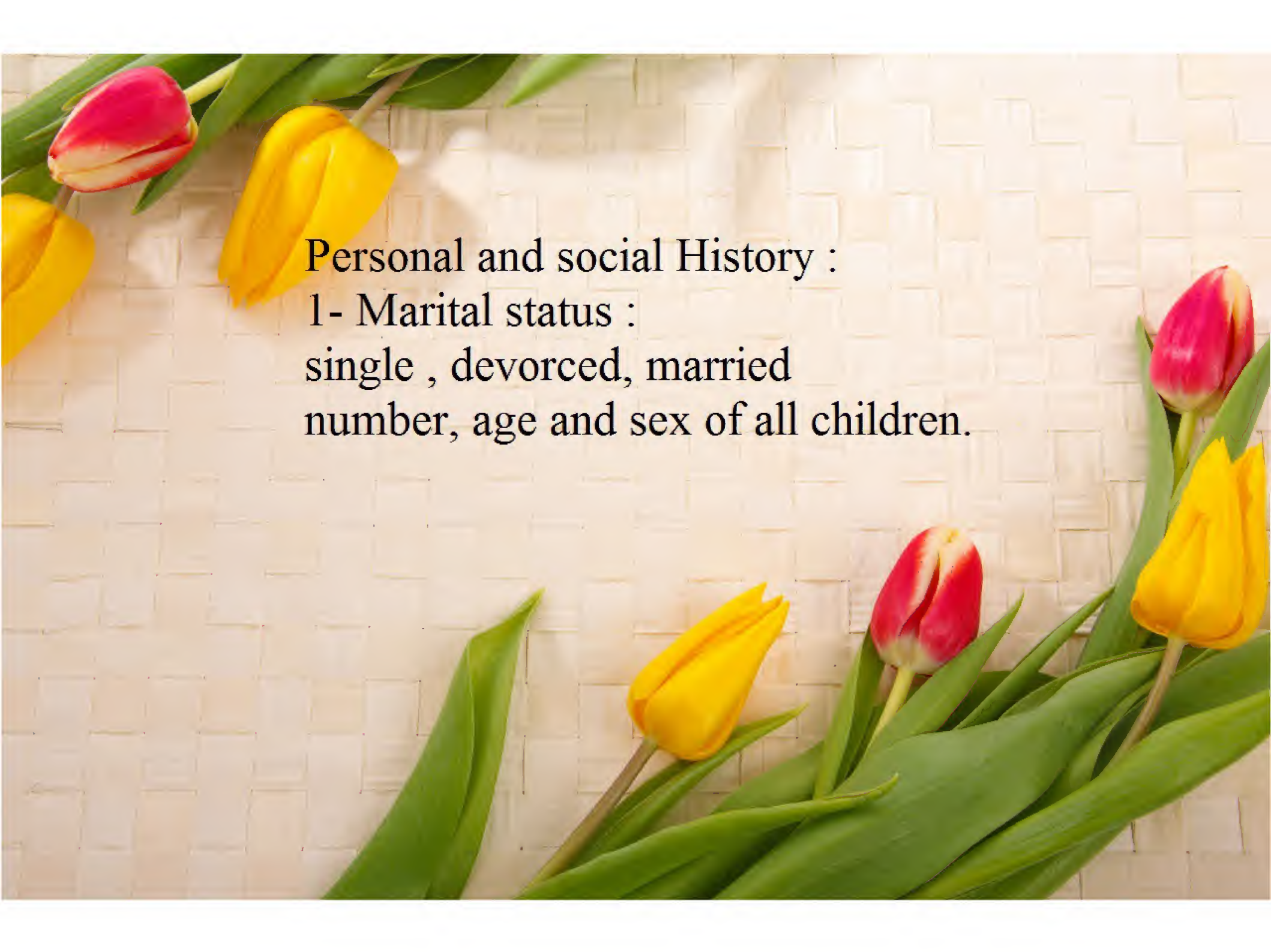
The image features a light-colored, woven-texture background. Several tulips are scattered around the text: a red and yellow tulip in the top left, a yellow tulip in the top center, a red and yellow tulip in the top right, a yellow tulip in the bottom left, a red and yellow tulip in the bottom center, and a yellow tulip in the bottom right. The tulips have green leaves and stems.

If a family member is not alive , the
cause and age of death should be
recorded.

Who takes care of a disabled member in
the family ?

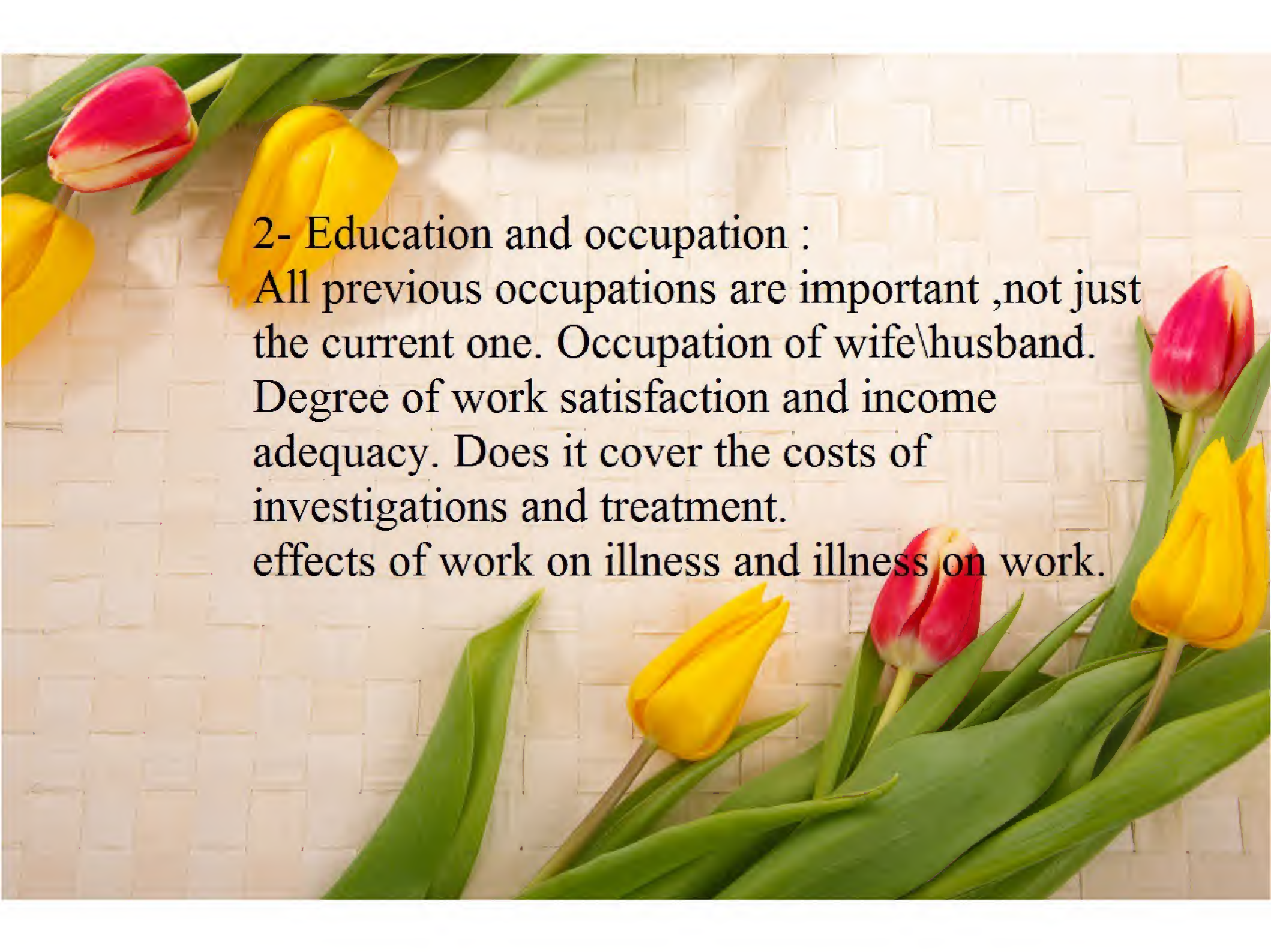
The image features a collection of tulips in shades of yellow and pink, scattered across a light-colored, woven-texture background. The tulips are positioned around the central text, with some in the top left, some in the bottom right, and others interspersed. The text is centered and reads:

Don't forget to ask about siblings ,
grandparents , and children.
Ask about history of consanguinity.
Sometimes you can make a pedigree to
describe diseases and cause of death in
family members.

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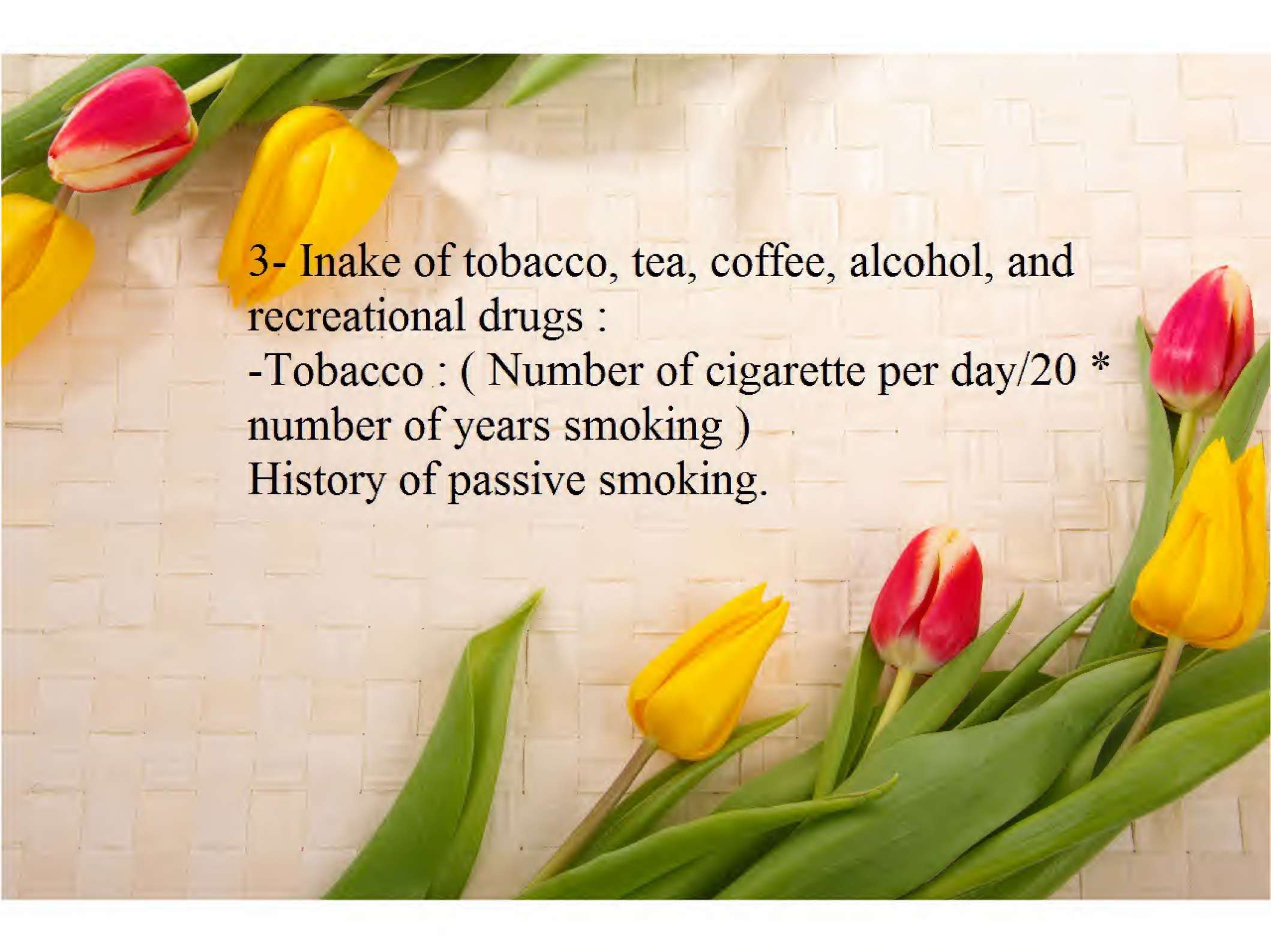
Personal and social History :

1- Marital status :
single , divorced, married
number, age and sex of all children.

A decorative background featuring several tulips in shades of yellow and pink, scattered across a light-colored, woven or quilted fabric. The tulips are in various stages of bloom, with some fully open and others as buds. Their green leaves are also visible, adding to the natural aesthetic of the slide.

2- Education and occupation :

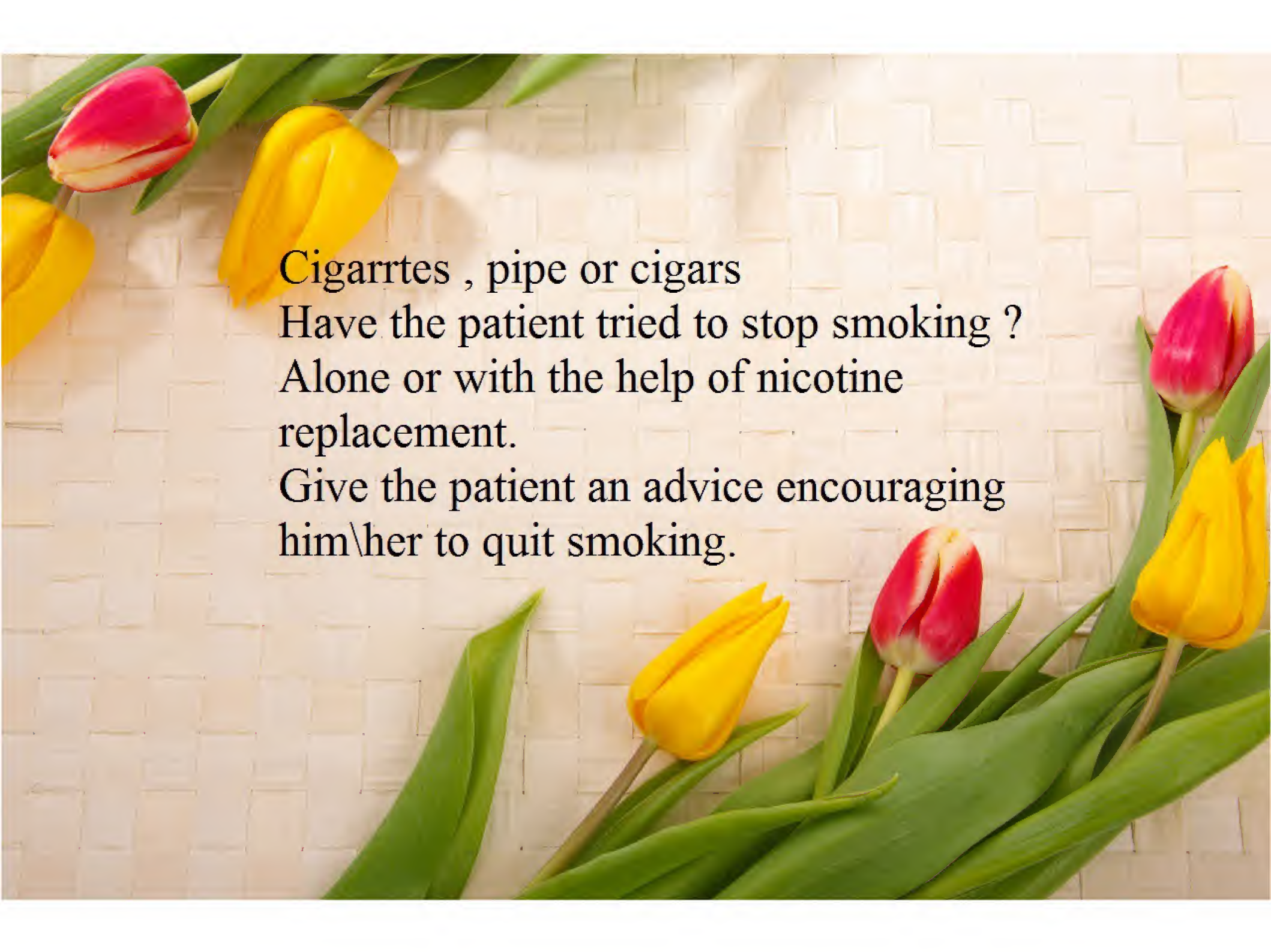
All previous occupations are important ,not just the current one. Occupation of wife\husband. Degree of work satisfaction and income adequacy. Does it cover the costs of investigations and treatment. effects of work on illness and illness on work.

The image features a light-colored, woven-texture background. Several tulips are scattered around the text: a yellow one in the top left, a red and white one in the top left, a red and white one in the top right, a yellow one in the bottom right, and a red and white one in the bottom right. Green leaves are also visible.

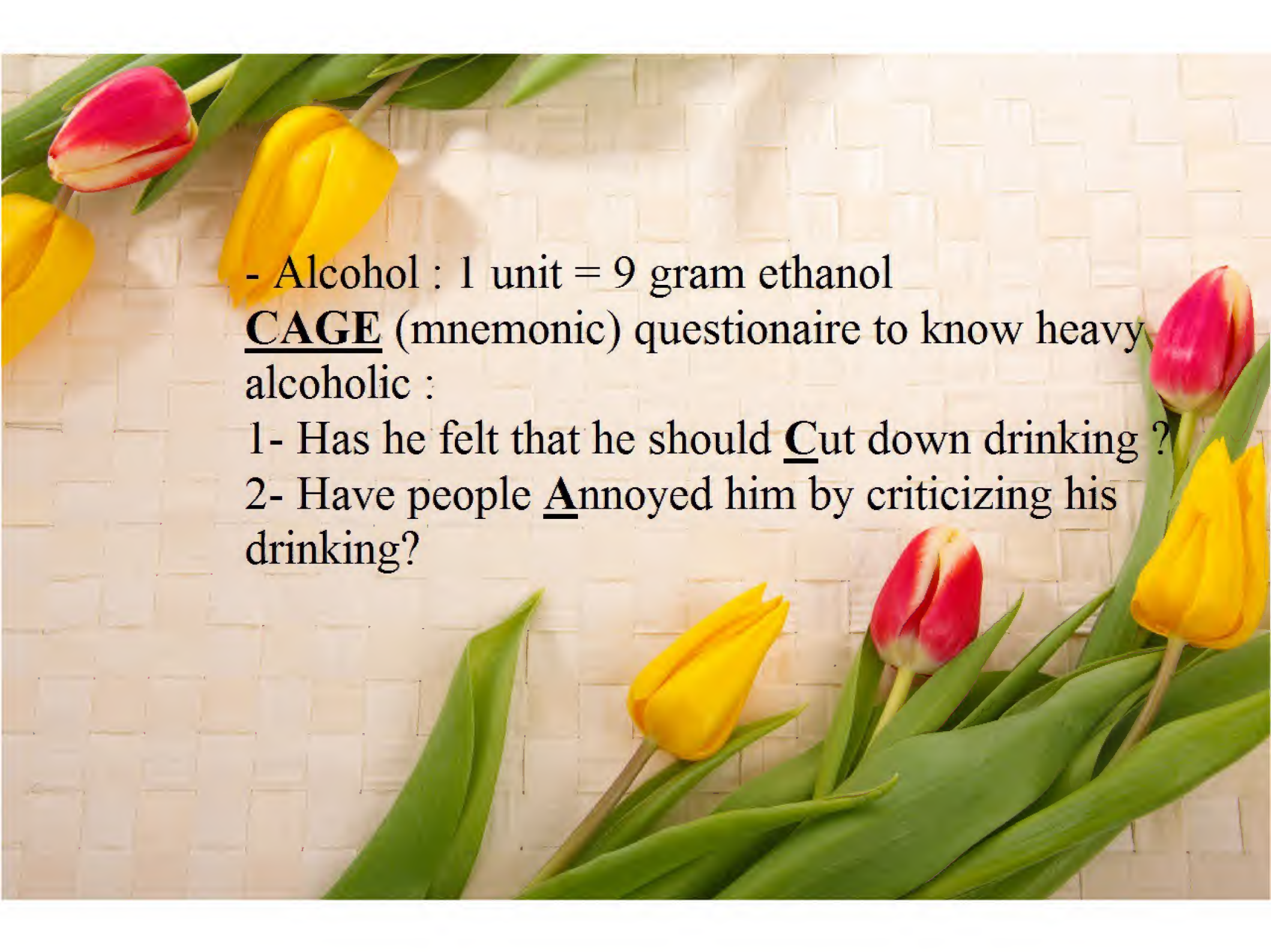
3- Inake of tobacco, tea, coffee, alcohol, and recreational drugs :

-Tobacco : (Number of cigarette per day/20 *
number of years smoking)

History of passive smoking.

The image features a light-colored, woven-texture background. Several tulips are scattered around the text: a yellow one in the top left, a red and white striped one in the top left, a yellow one in the bottom center, a red and white striped one in the bottom center, and a yellow one in the bottom right. The text is centered in the middle of the image.

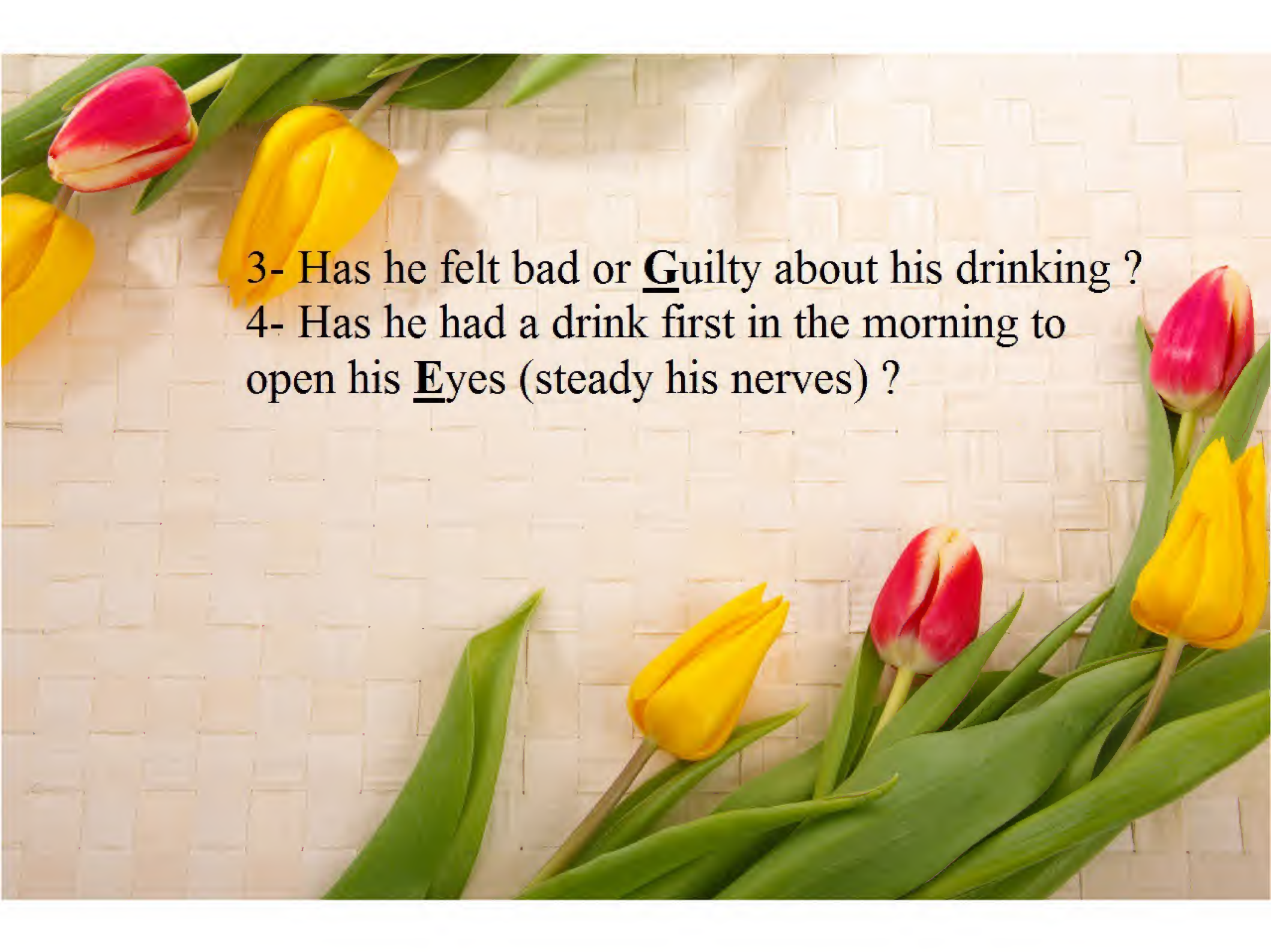
Cigarrtes , pipe or cigars
Have the patient tried to stop smoking ?
Alone or with the help of nicotine
replacement.
Give the patient an advice encouraging
him\her to quit smoking.


The background of the slide features a light-colored, textured surface with a grid-like pattern. Several tulips are scattered around the text: a yellow one in the top left, a red and white one in the top left, a yellow one in the bottom center, a red and white one in the bottom center, and a yellow one in the bottom right. The tulips have green leaves and stems.

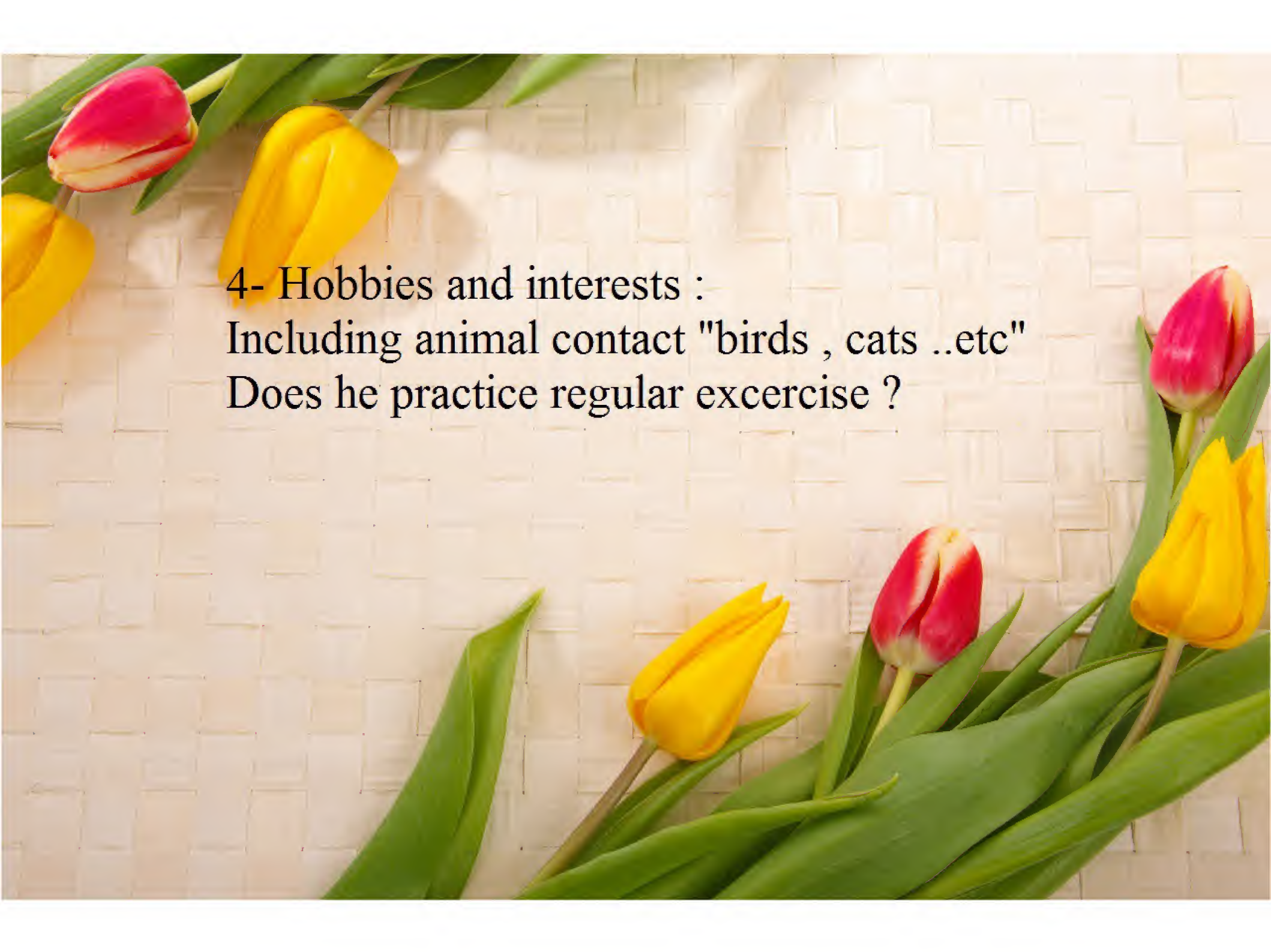
- Alcohol : 1 unit = 9 gram ethanol

CAGE (mnemonic) questionnaire to know heavy alcoholic :

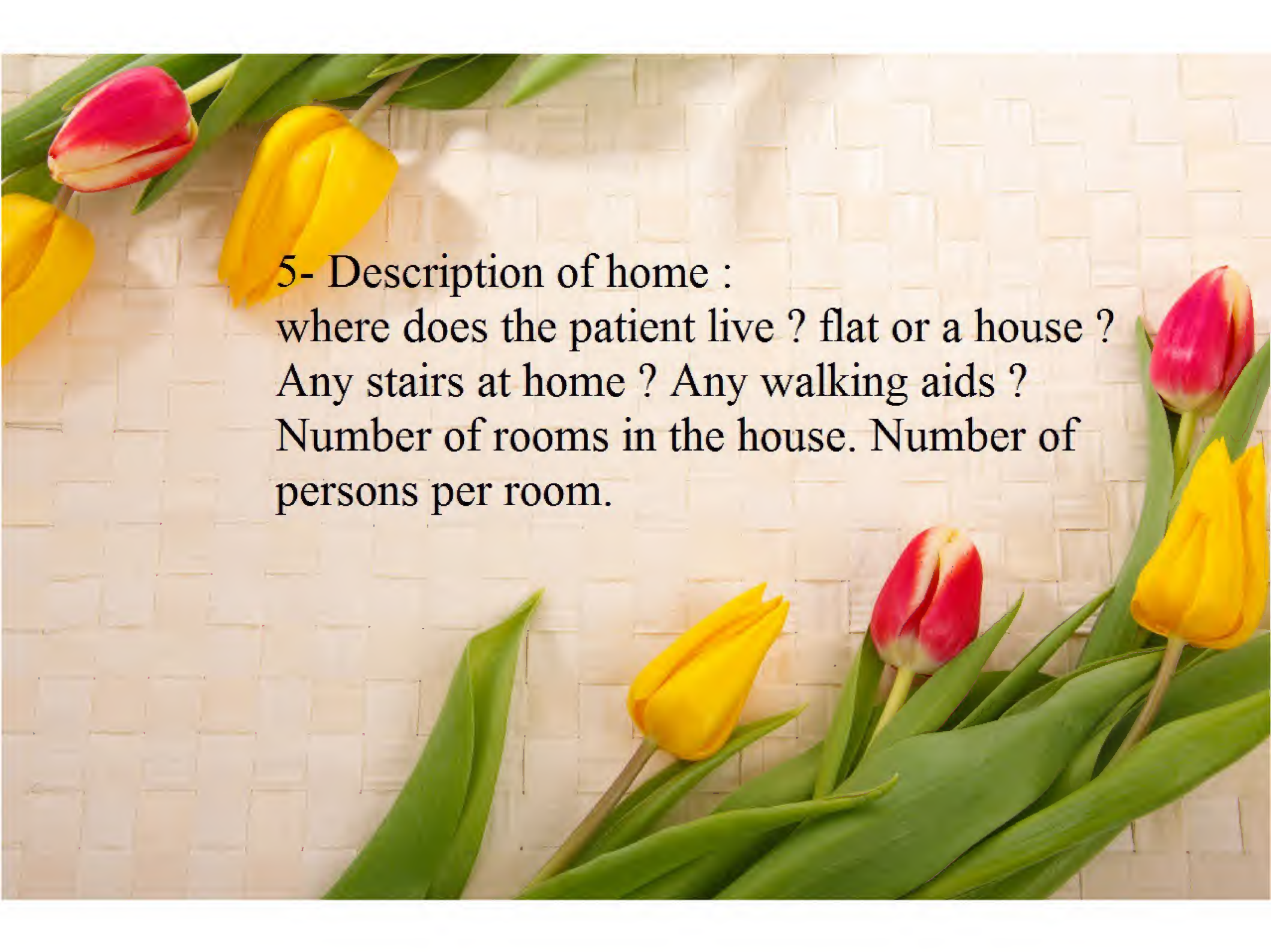
- 1- Has he felt that he should Cut down drinking ?
- 2- Have people Annoyed him by criticizing his drinking?

- 
- The image features a collection of tulips in shades of yellow and pink, scattered across a light-colored, woven-texture background. The tulips are in various stages of bloom, with some showing vibrant yellow petals and others displaying pink and white variegated patterns. Their green leaves are long and pointed, adding to the natural aesthetic of the scene.
- 3- Has he felt bad or Guilty about his drinking ?
4- Has he had a drink first in the morning to
open his Eyes (steady his nerves) ?

- 
- The image features a collection of tulips in various colors, including yellow, red, and pink, arranged on a light-colored, woven fabric background. The tulips are scattered across the frame, with some in the top left, bottom left, and bottom right corners. The central text is overlaid on the woven background.
- Recreational drug use
 - Excessive tea and coffee.



4- Hobbies and interests :
Including animal contact "birds , cats ..etc"
Does he practice regular excercise ?


The image features a light-colored, woven-texture background. Several tulips are scattered around the text: a yellow one in the top left, a red and white one in the top left, a red and white one in the top right, a yellow one in the bottom right, and a red and white one in the bottom right. Green leaves are also visible.

5- Description of home :
where does the patient live ? flat or a house ?
Any stairs at home ? Any walking aids ?
Number of rooms in the house. Number of
persons per room.

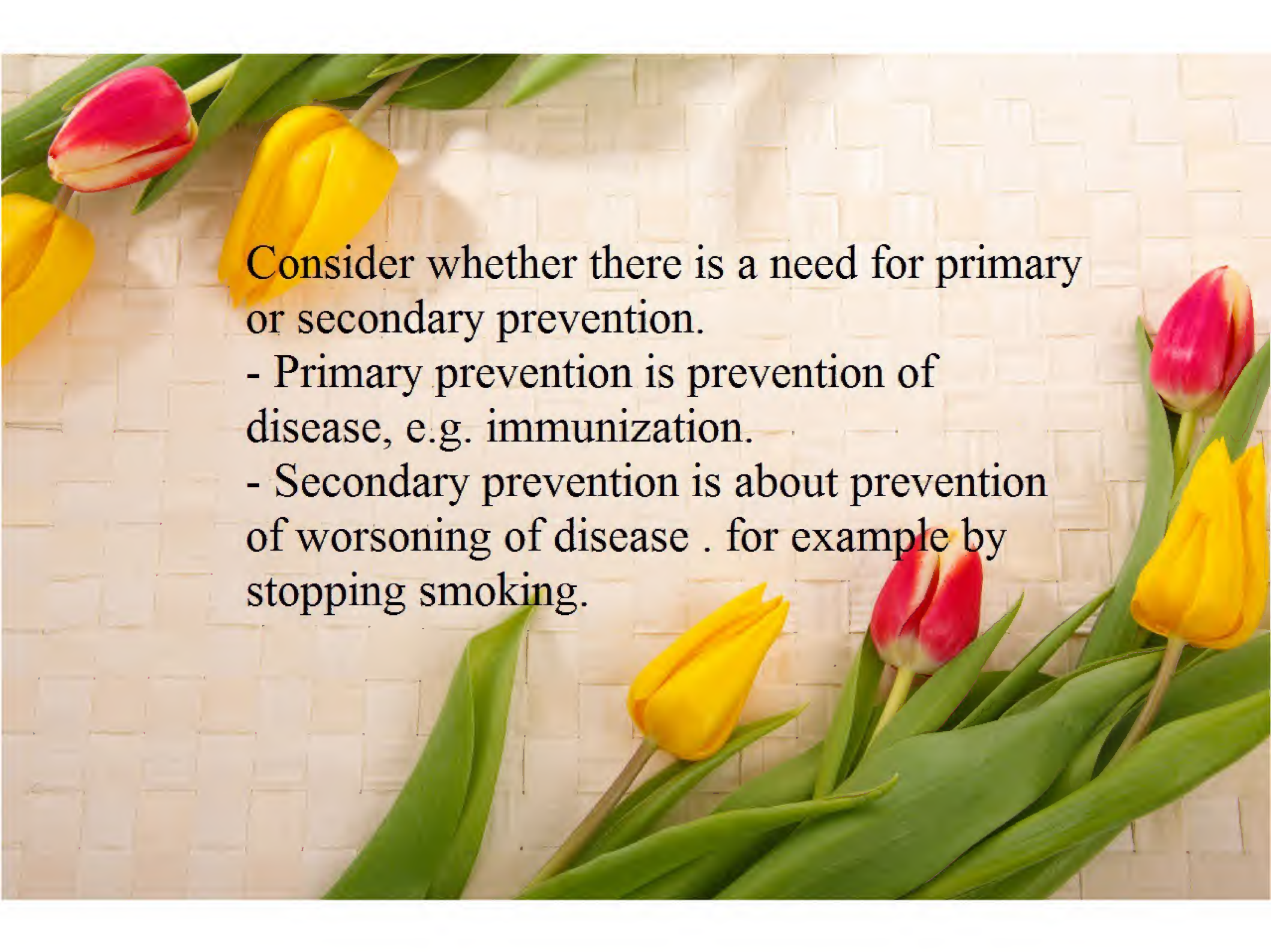
The background of the slide features a light-colored, woven or quilted fabric texture. Several tulips are scattered around the edges: a red and yellow tulip in the top left, a yellow tulip in the top center, a red and yellow tulip in the top right, a yellow tulip in the bottom left, and a red and yellow tulip in the bottom right. The tulips have green leaves and stems.

6- Travel abroad.

Did he take immunization before
traveling abroad ?

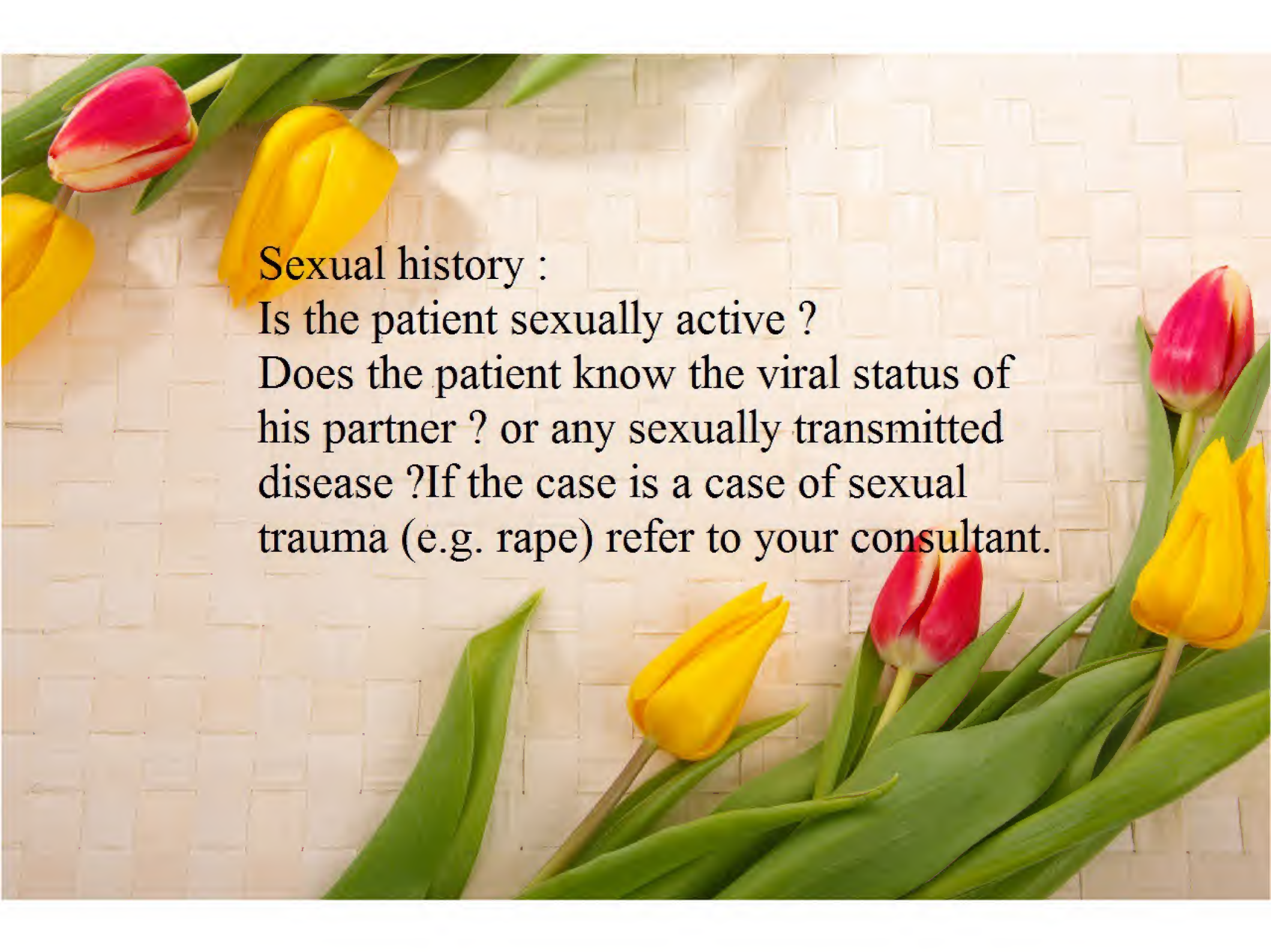
A decorative background featuring several tulips in shades of yellow and pink, scattered across a light-colored, woven fabric surface. The tulips are positioned around the central text, with some in the top left, bottom left, and bottom right corners. The woven texture of the background is clearly visible, creating a grid-like pattern.

Who does the cooking and shopping ?
Relationships with friends.

A decorative background featuring several tulips in shades of yellow and pink, scattered across a light-colored, woven fabric surface. The tulips are in various stages of bloom, with some fully open and others as buds. Their green leaves are also visible, adding to the natural aesthetic of the slide.

Consider whether there is a need for primary or secondary prevention.

- Primary prevention is prevention of disease, e.g. immunization.
- Secondary prevention is about prevention of worsening of disease . for example by stopping smoking.

A decorative background featuring several tulips in shades of yellow and pink, scattered across a light-colored, woven fabric surface. The tulips are in various stages of bloom, with some fully open and others as buds. Their green leaves are also visible, adding to the natural aesthetic of the slide.

Sexual history :

Is the patient sexually active ?

Does the patient know the viral status of his partner ? or any sexually transmitted disease ? If the case is a case of sexual trauma (e.g. rape) refer to your consultant.



Closing the interview :

Ask the patient if there is anything else he or she would like to discuss.

Examination of a specific body region may remind the patient of previously forgotten details. So be ready to add any important details to your history even after starting the examination. Some patients become more talkative during examination , so you should remove the stethoscope from your ears if you are wearing them to hear what they say.



Establish a habit of updating historical informations during follow up visits.



Don't forget to say the prayer when visiting a sick person. When the Prophet would enter upon a sick person, he would say to that person : 'Never mind, may it (the sickness) be a purification, if Allah wills.'

or you can say : with the name of Allah. I recite over you (to cleanse you) from all that troubles you, Allah will cure you.



Summary :

After finishing the history , you can summarize your case in one paragraph by collecting the positive data in the history. You can edit and organize your report into a formal presentation.



Example of a summary :

43 years old male Indian patient from New Delhi, a farmer , a known case of hypertension and DM. Presented with history of chest pain which is most likely ischeamic in nature. He has a positive family history of the same illness. And he is a heavy smoker.

Before taking examples of focused history taking in the OSCE, we will take complete history taking.

N.B Just like in any example mentioned in this series, the names of the patients are not real.



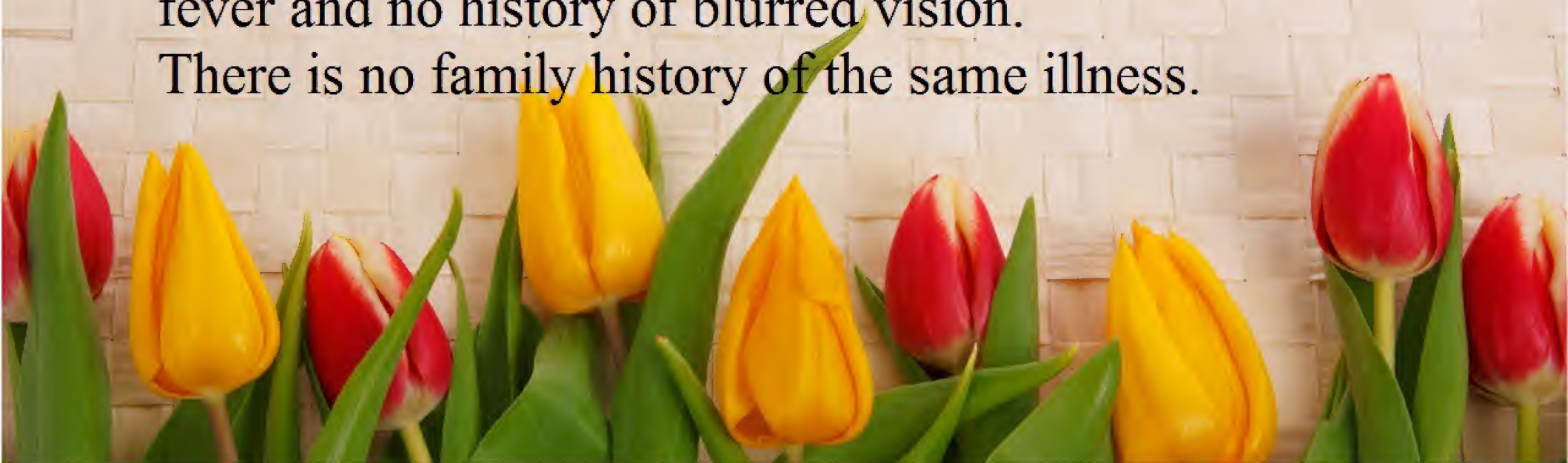
Today I saw Mr. Eduardo a 34 years old single male mexican patient from mexico city. He is a merchant with blood group A+ Admitted to hospital 2 days back complaining of headache started 1 month back and vomiting which started 2 days back.

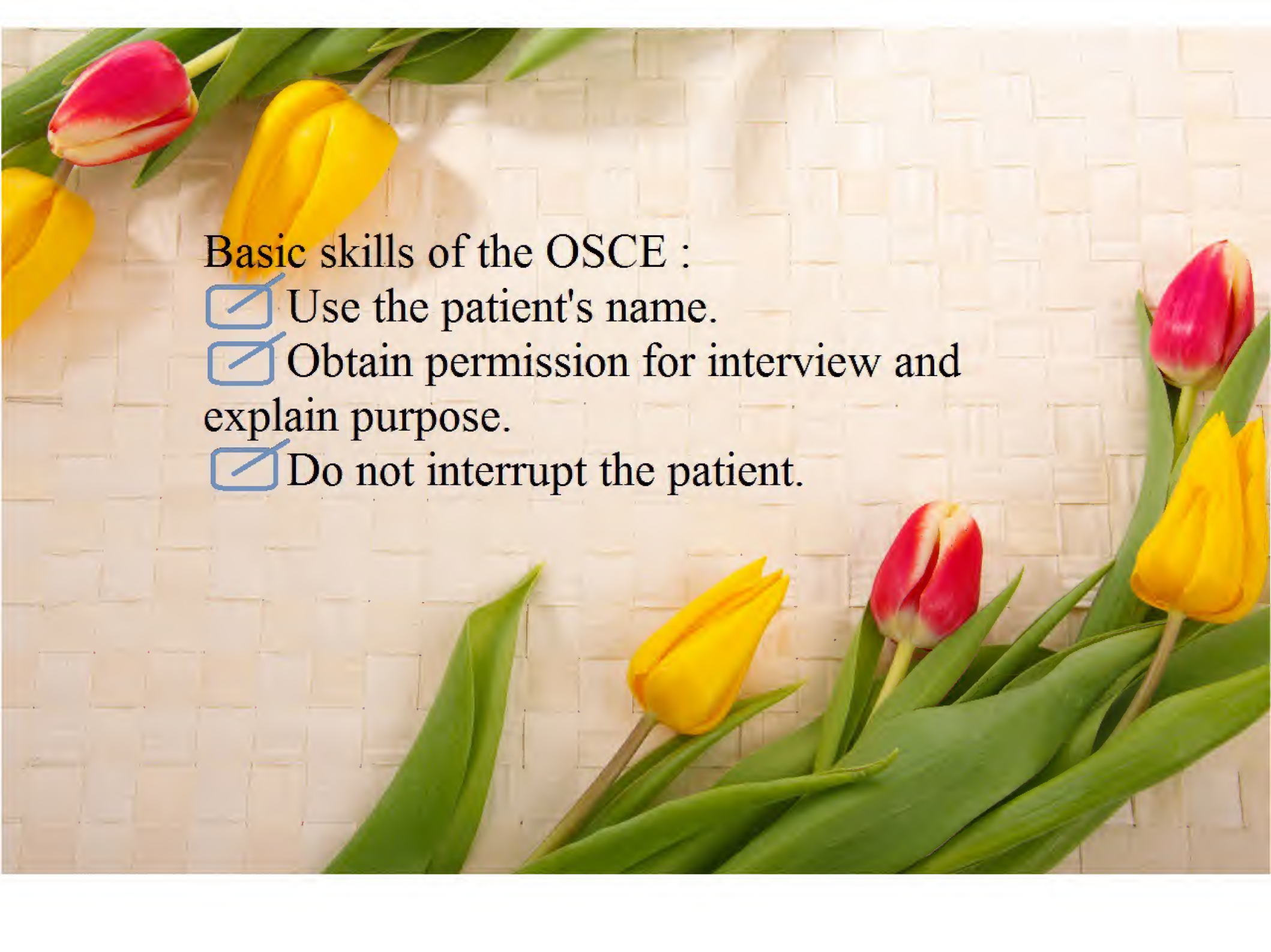


On analysis of chief complaint the patient was in his last usual state of health 1 month back when he started complaining of very sever frontal headache at early morning that awakens the patient from sleep. His headache is aggrevated by laying down and relieved by paracetamol tablets. The patient described the headache as a tight band around his head and it increases in severity and frequency.



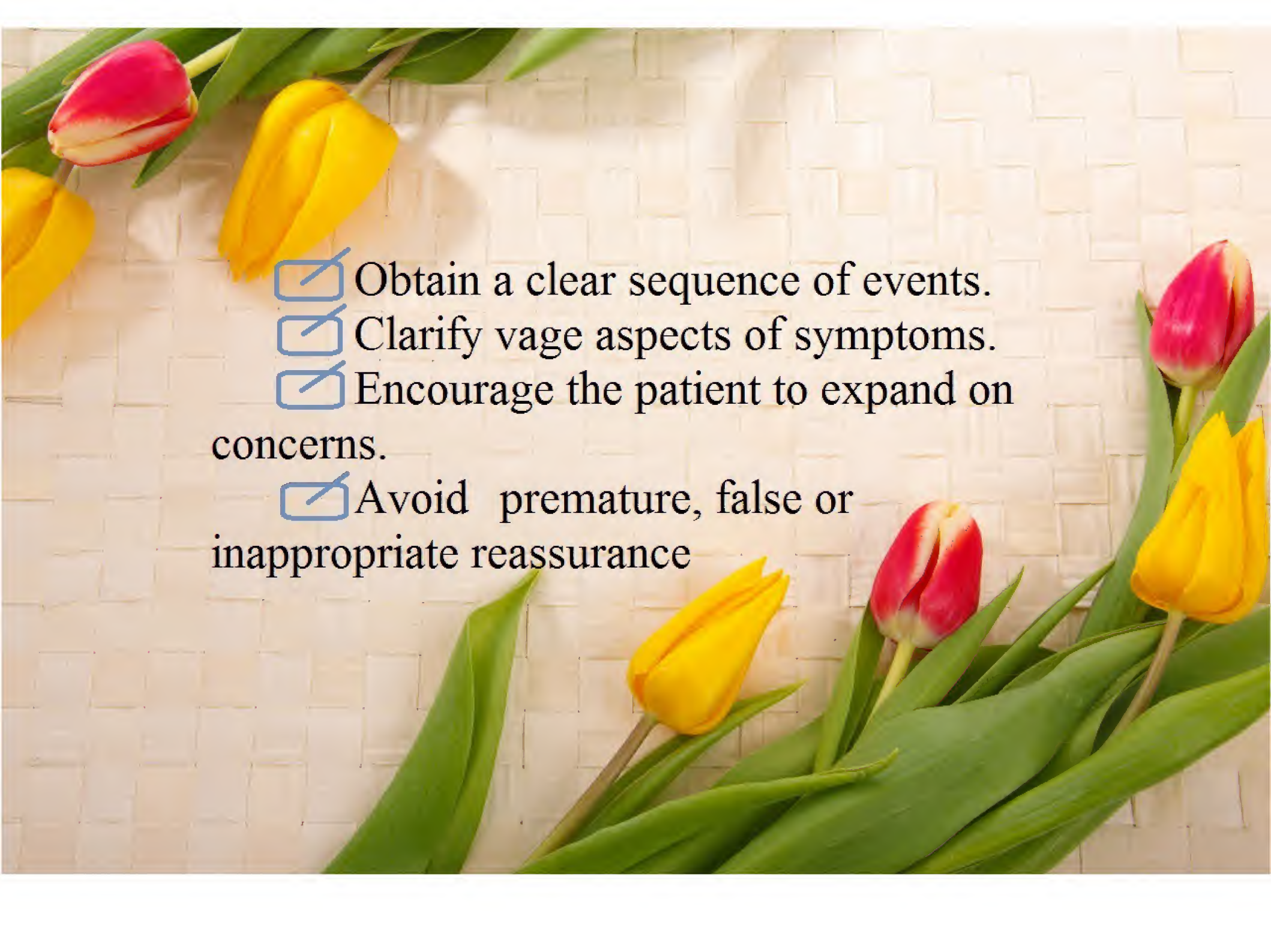
The patient also reports a 2 days history of vomiting. This projectile vomiting is preceded by nausea and happened twice daily. Its content is undigested food particles with no characteristic color or odor. Important negatives : His vomiting is not associated with abdominal pain nor diarrhea. There is no history of fever and no history of blurred vision. There is no family history of the same illness.

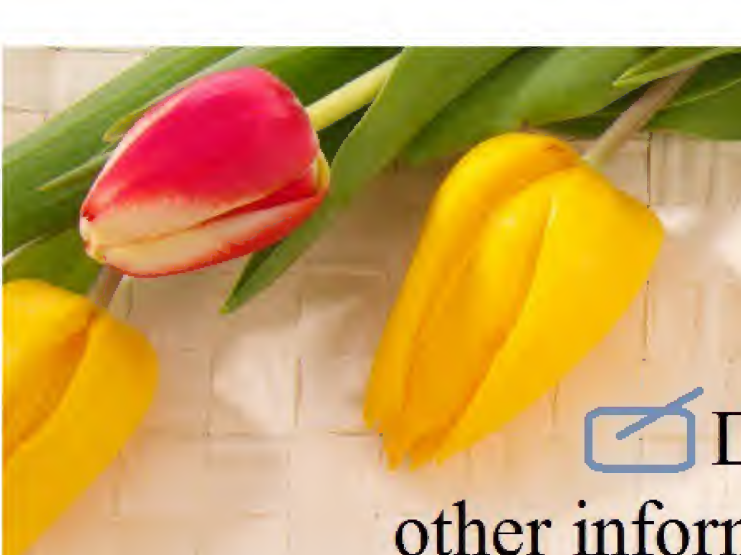


A decorative background featuring several tulips in yellow and red colors, scattered across a light-colored, woven fabric surface. The tulips are in various stages of bloom, with some fully open and others as buds. Their green leaves are also visible.

Basic skills of the OSCE :


- ☒ Use the patient's name.
- ☒ Obtain permission for interview and explain purpose.
- ☒ Do not interrupt the patient.

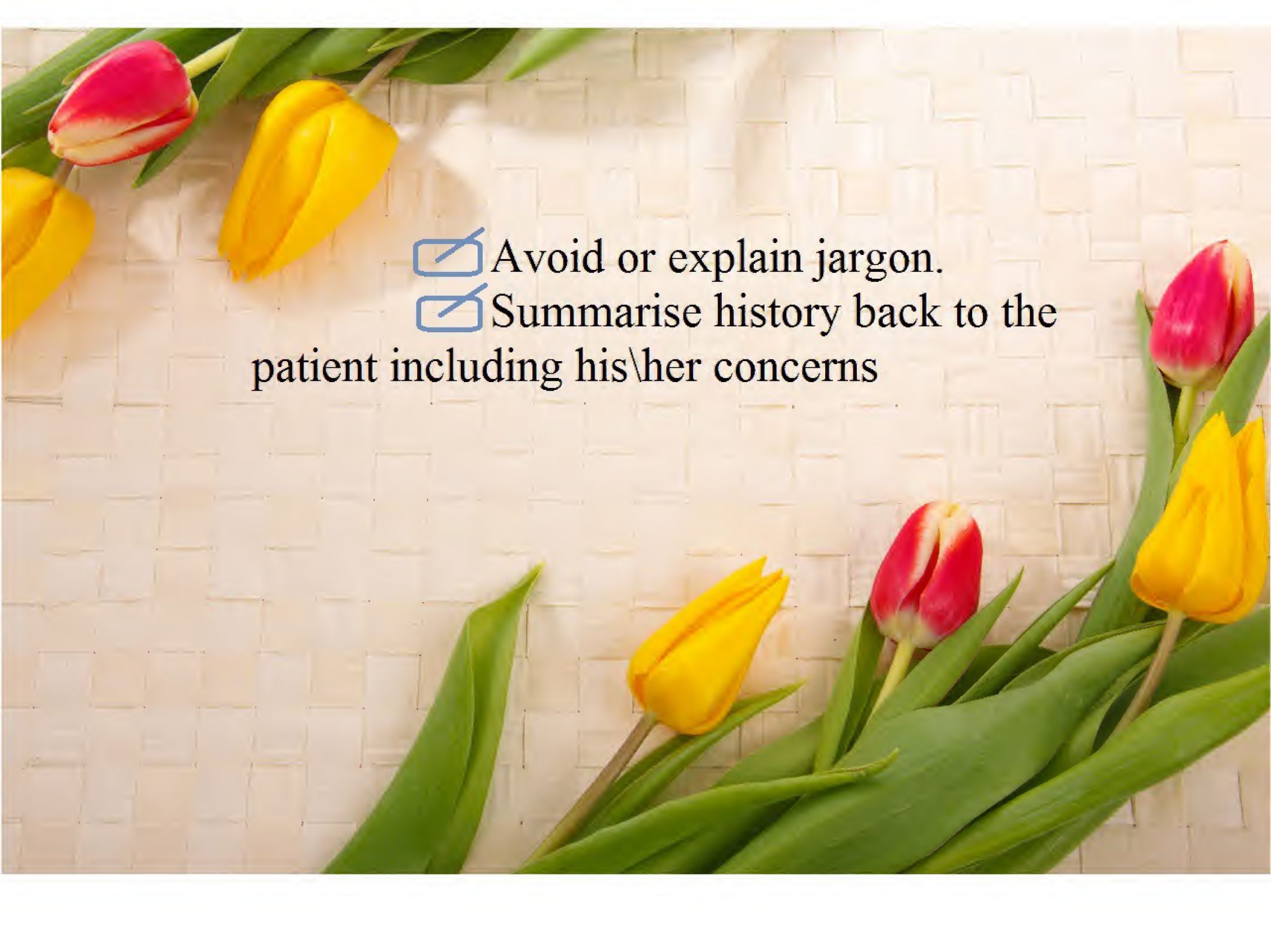
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- The background of the slide is a light-colored, woven fabric. Several tulips are scattered around the text: a yellow one in the top left, a red and yellow one in the top left, a yellow one in the top center, a red and yellow one in the top right, a yellow one in the bottom center, a red and yellow one in the bottom center, and a yellow one in the bottom right.
- ☒ Obtain a clear sequence of events.
 - ☒ Clarify vague aspects of symptoms.
 - ☒ Encourage the patient to expand on concerns.
 - ☒ Avoid premature, false or inappropriate reassurance

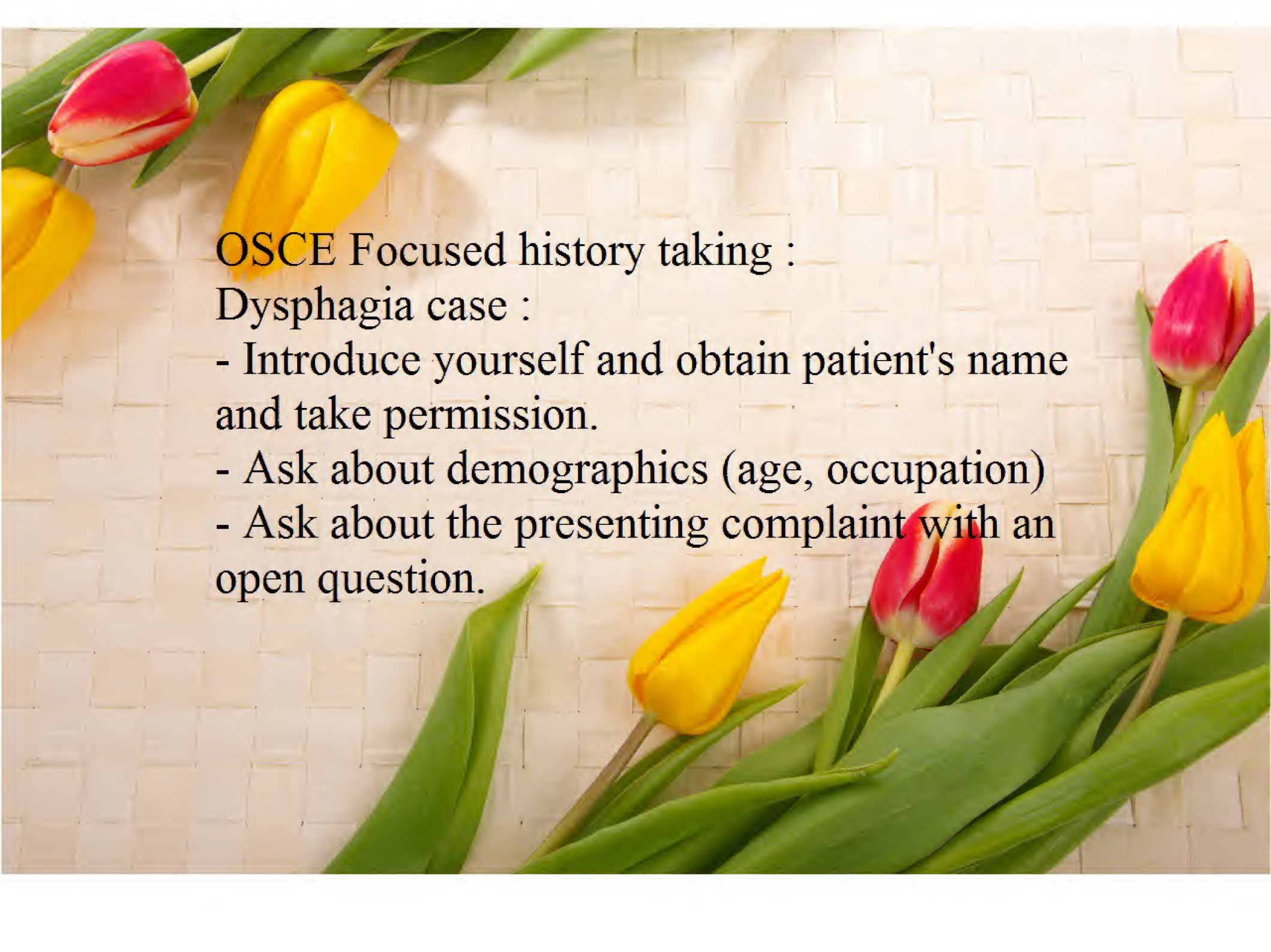
A cluster of tulips in the top-left corner, including a red and white striped tulip and a yellow tulip.

☒ Discover positive symptoms and other informations to help to exclude other diagnoses.

☒ Respond to information given by patient, rather than following a set formula of questions.

A cluster of tulips in the bottom-right corner, including a yellow tulip, a red and white striped tulip, and another yellow tulip.

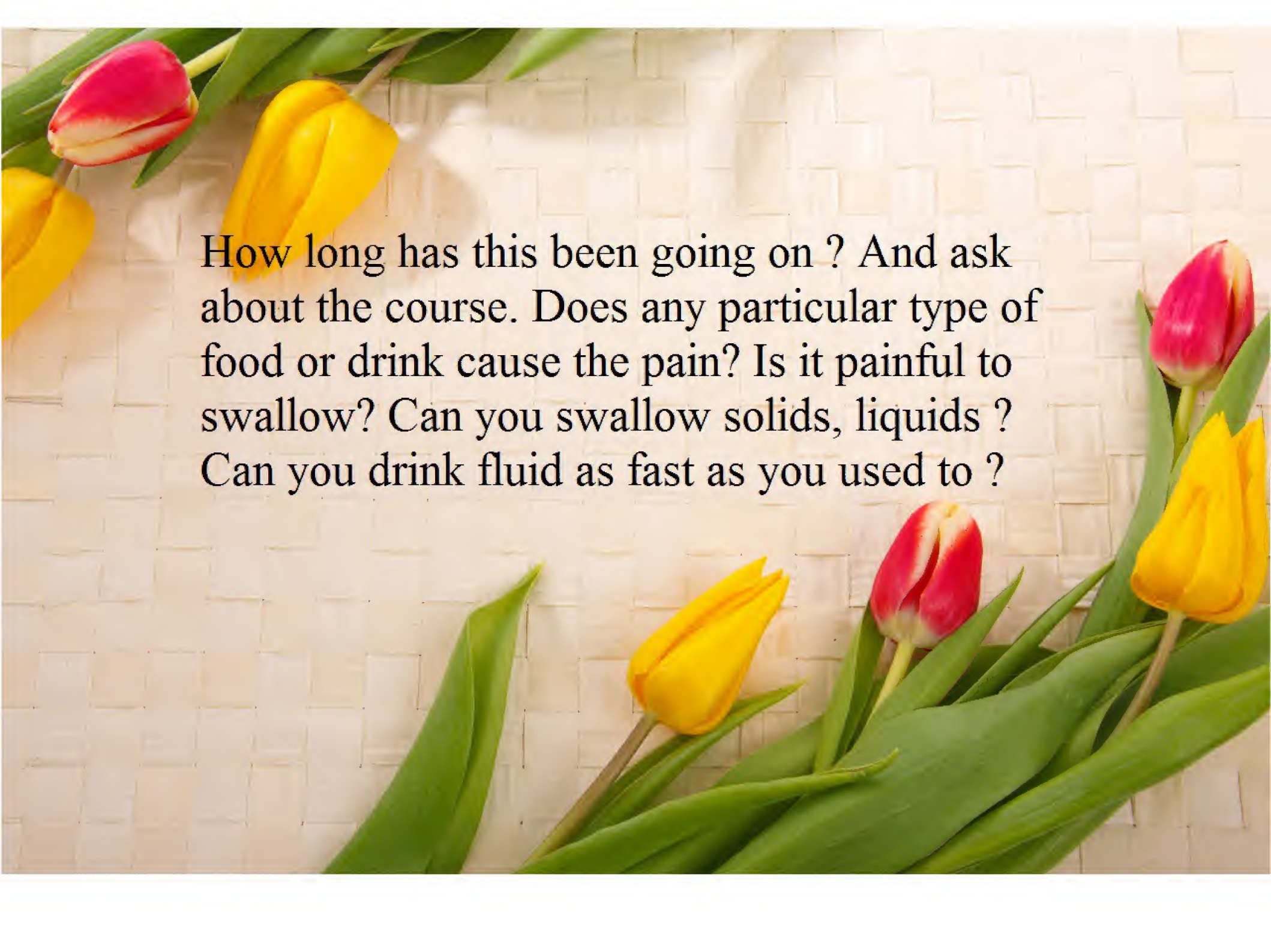
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- The background of the slide is a light-colored, woven fabric with a grid-like pattern. Several tulips are scattered around the text. In the top left, there are two tulips, one yellow and one red with white stripes. In the bottom right, there are three tulips, two yellow and one red with white stripes. The tulips have long green leaves.
- ☒ Avoid or explain jargon.
 - ☒ Summarise history back to the patient including his\her concerns

The background of the slide features several tulips in shades of yellow and pink, scattered across a light-colored, textured surface that resembles a woven basket or a similar material. The tulips are in various stages of bloom, with some fully open and others as buds. Their green leaves are also visible, adding to the decorative floral theme.

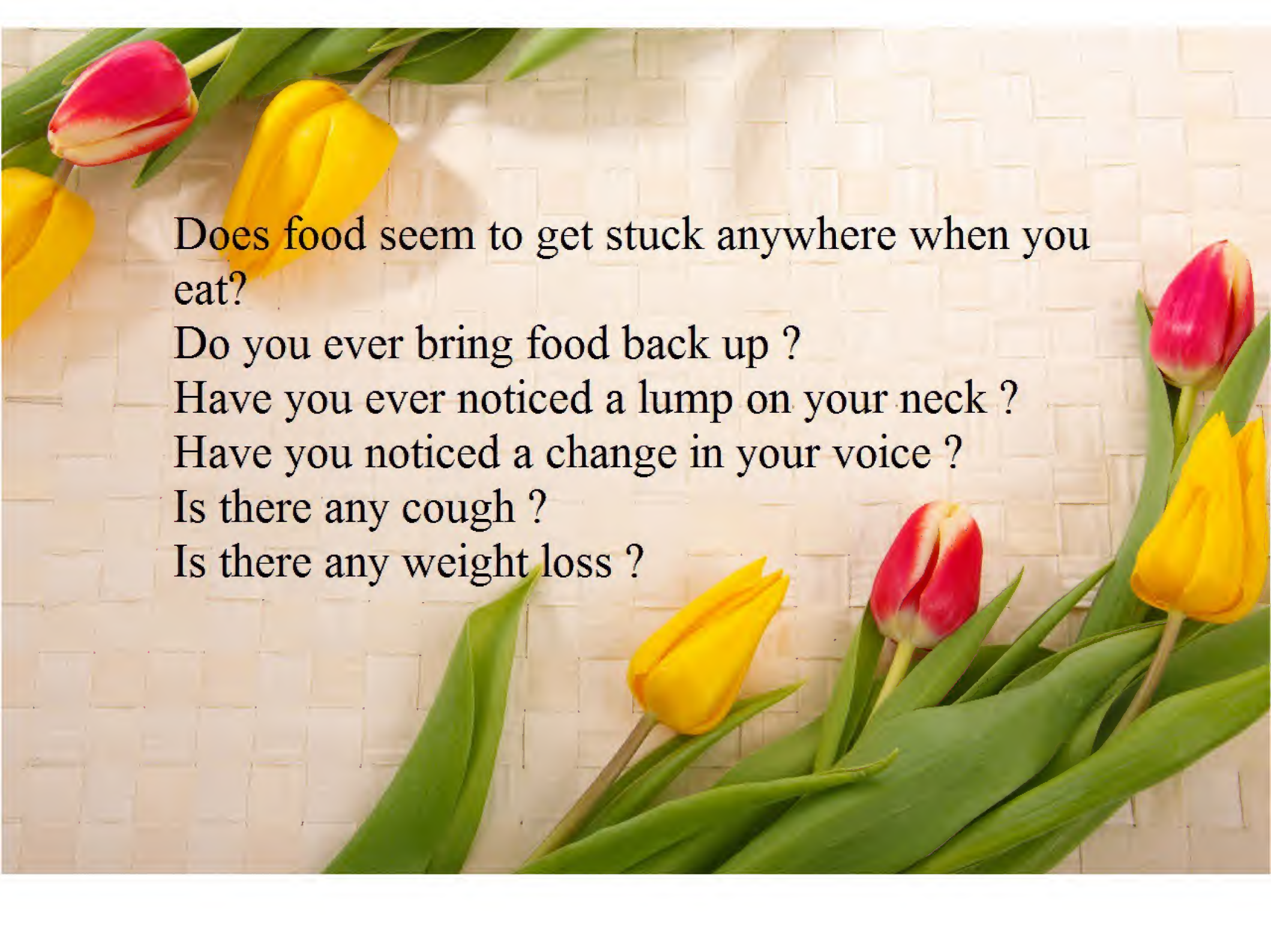
OSCE Focused history taking :

Dysphagia case :

- Introduce yourself and obtain patient's name and take permission.
- Ask about demographics (age, occupation)
- Ask about the presenting complaint with an open question.

A decorative background featuring several tulips in shades of yellow and red with green leaves, arranged around a central text area. The background has a light-colored, woven or quilted texture.

How long has this been going on ? And ask about the course. Does any particular type of food or drink cause the pain? Is it painful to swallow? Can you swallow solids, liquids ? Can you drink fluid as fast as you used to ?

A decorative background featuring several tulips in shades of yellow and red with green leaves, arranged around a central text area. The background has a light-colored, woven or quilted texture.

Does food seem to get stuck anywhere when you eat?

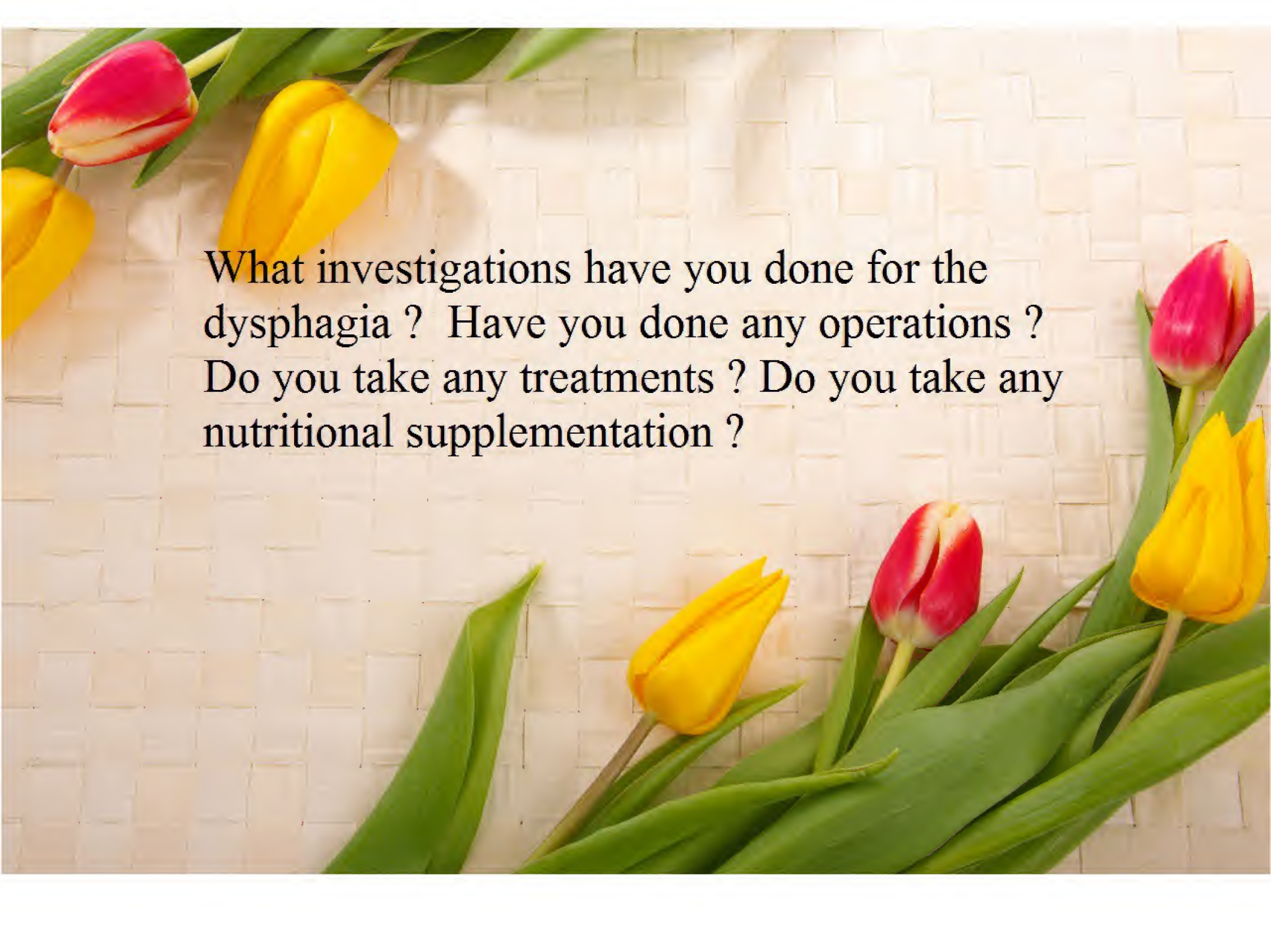
Do you ever bring food back up ?

Have you ever noticed a lump on your neck ?

Have you noticed a change in your voice ?

Is there any cough ?

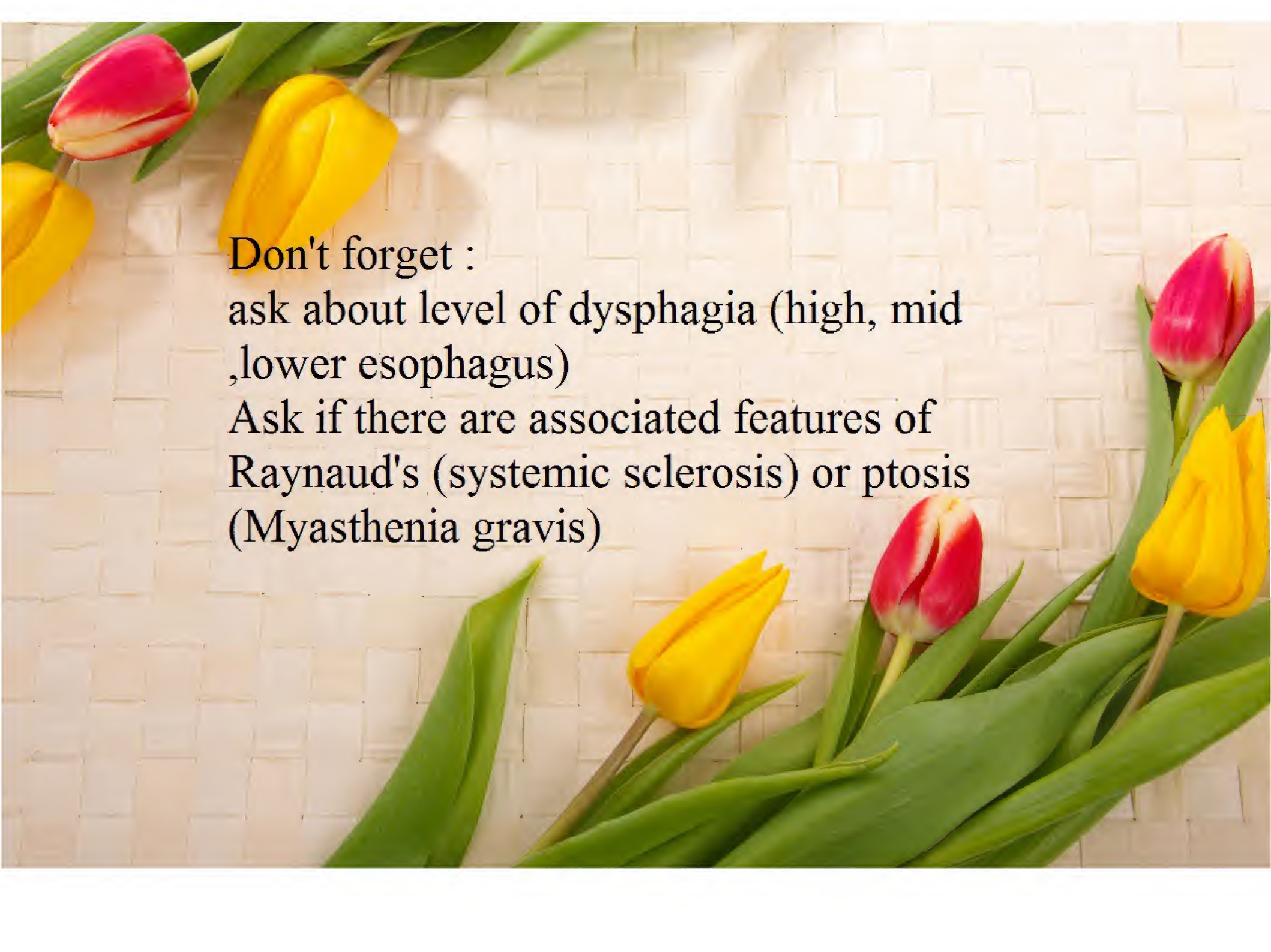
Is there any weight loss ?

A decorative background featuring several tulips in yellow and red colors, scattered across a light-colored, woven fabric surface. The tulips are in various stages of bloom, with some showing vibrant yellow petals and others displaying a mix of yellow and red. The woven texture of the background is clearly visible, adding a tactile quality to the image.

What investigations have you done for the dysphagia ? Have you done any operations ? Do you take any treatments ? Do you take any nutritional supplementation ?

A decorative background featuring several tulips in yellow and red colors, scattered across a light-colored, woven fabric surface. The tulips are in various stages of bloom, with some showing vibrant yellow petals and others displaying red and white variegated patterns. The green leaves of the tulips are also visible, adding to the natural aesthetic of the background.

Do you take any medication for GERD ?
Do you have any allergies?

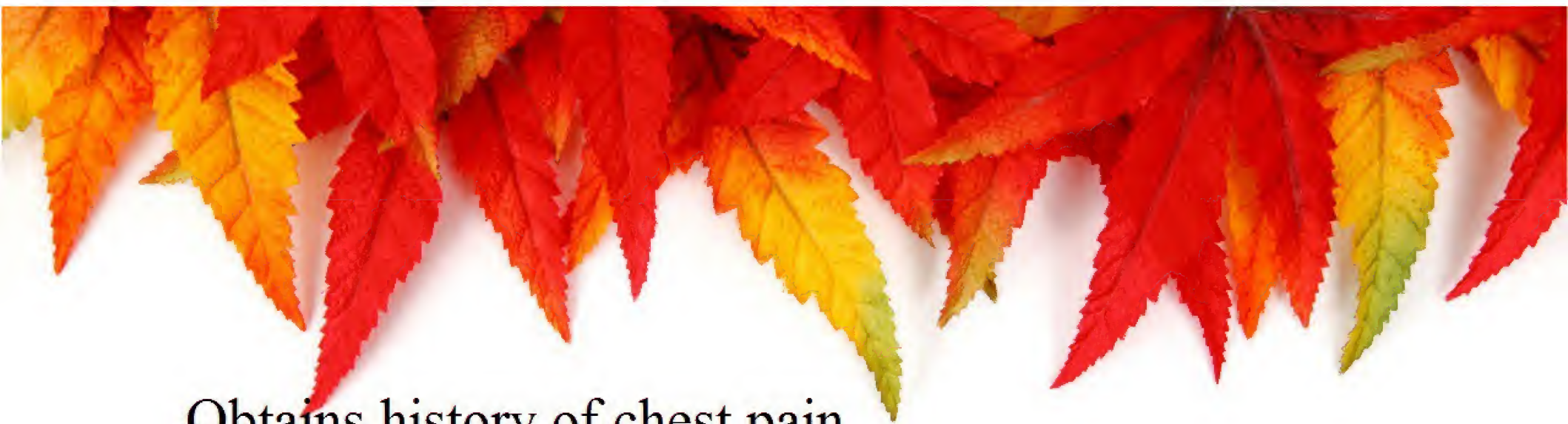
The image features a collection of tulips in shades of yellow and pink, scattered across a light-colored, woven-texture background. The tulips are in various stages of bloom, with some fully open and others as buds. Their green leaves are long and pointed, adding to the natural aesthetic of the composition.

Don't forget :
ask about level of dysphagia (high, mid
,lower esophagus)
Ask if there are associated features of
Raynaud's (systemic sclerosis) or ptosis
(Myasthenia gravis)



Focused history taking Case 2 : chest pain :

- Introduce yourself , obtain patient's name and take permission.
- Ask about demographics (age , occupation)
- Ask about the presenting complaint with an open Question.



Obtains history of chest pain

Onset , Location , Precipitating factors , Relieving factors , Associated symptoms , Character , Radiation , Severity , duration



Identify risk factors for heart disease

Ask about Past medical history and family history
of heart disease or risk factors

Smoking history

Drug use (especially cocaine)

Hypertension

Exercise tolerance



Focused review of systems

Heartburn or GERD symptoms . Any palpation.

Medications and allergies

Check for any other missed informations